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The Next Generation
A Study of Children in AFDC Families

Psychiatric Impairment in Welfare and Nonwelfare Children

PPBS and Social and Rehabilitation Services

U.S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Social
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WELFARE in REVIEW

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MARCH-APRIL 1969

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A word about the first two articles . . .

CENTRAL to the first two articles in this issue of *Welfare in Review* is the question, What are the social and emotional problems of children in families receiving public assistance? The two studies on which the articles report took different methods to find the answer, but the conclusion to which they point is similar: children in families receiving public assistance suffer from more social and emotional problems than children in families not receiving public assistance, however low their income. To find that families receiving public assistance have many crippling problems is not a new discovery, of course. For a long time social workers have known that many families in public welfare caseloads are failures, that many are severely damaged. The value of these studies lies in the comparative population data they make available for analysis because the data provide a point of reference for assessing public assistance families in comparison with other low-income families.

Definitive generalizations, to be sure, cannot be drawn from these studies until the results of additional research on similar groups of people are available, but the direction of the findings is indicative and will likely be sustained. In the second study, particularly, the small sample of welfare families must be considered in the context of the larger study now in progress.

These two studies raise demanding questions for research to answer. None are more demanding than these two: Do the problems of the welfare family become increasingly severe the longer the family remains at a marginal level of existence on welfare? Given enough money and workers, do social agencies have the knowledge and the skill required to reverse the conditions in which they find many of these welfare families?

GENEVIEVE W. CARTER
CHIEF
INTRAMURAL RESEARCH DIVISION

The Next Generation

A Study of Children in AFDC Families

Perry Levinson

An unusual set of circumstances has allowed the Intramural Research Division, Social and Rehabilitation Service, to trace the welfare history of an entire community from 1939 to 1966 and to relate that history to the social and scholastic achievement of its students. The community, called Mountain View in our study, is a southeastern metropolitan area of about 250,000 people.

Our research was made possible because two interlocking research projects had already been conducted in the Mountain View area by the American Institutes for Research (AIR). The first, Project Talent, conducted in 1960 with a grant from the U.S. Office of Education and directed by the University of Pittsburgh, produced an inventory of the scholastic aptitude of a representative sample of U.S. high school students, including all high school students in Mountain View. To produce a full view of one community in the Nation, the Mountain View area was "saturated" in contrast to other communities, where the chances of a particular high school being included was one in 20. The second study was conducted with a grant from the National Institute of Mental Health (Grant No. MH-07274) to collect data about the characteristics and frequency of occurrence of problem behavior in the students included in Project Talent. To this end, AIR studied the records and files of the police, the courts, the schools, and the social service agencies in the Mountain View area.

In 1964 the Intramural Research Division commissioned AIR to search the records of Mountain View's two welfare agencies (State and local) back to 1939 to identify the parents of Project Talent students who had applied for public assistance and had either been accepted or turned down. From the data AIR collected, we classified the parents by "welfare status" as accepted (AFDC), rejected, or never-received or never-applied for (nonrecipient). We could assume that the last category, though residual, was reasonably correct because we included only parents who had always lived in the Mountain View area.

Questions we hoped to answer . . .

By combining the data obtained by these three studies, we hoped to answer these questions:

- What are the long-range consequences of the receipt of public assistance for children of welfare families?
- Does the length of time a family receives assistance correlate with fewer or more problems?
- Do children from families dependent on assistance for more than three generations have more or fewer problems than children from families receiving assistance for fewer than three?
- Which children do the children from rejected families most resemble—those from families who have received assistance or those from families that have never applied for assistance?

. . . and our underlying assumptions

In comparing the social and scholastic adjustments of children from AFDC families with those from rejected or nonrecipient families, we are making a number of underlying assumptions. Basically, we have assumed that what happens or fails to happen to people receiving public assistance and supporting social services can have lifelong beneficial or damaging effects on them. Ideally, a public assistance program should be able to meet and stabilize the crisis that brings the family to the agency,

Dr. Levinson, who directed the study he describes in this article, is a social science analyst in the Intramural Research Division, Social and Rehabilitation Service.

help solve the family's chronic problems, and close the case at the right moment, not before.

If we found from our study that the children from AFDC families were functioning at a level with the children from the rejected or nonrecipient families, we could conclude that the agency had been able to bring the family to a level where it was able to cope as well as the next. If we found that the children from the AFDC families were functioning at a higher level than the others, we could assume that the agency had done its job well. But if we found that the children from the AFDC families were functioning at a lower level than the others, we could assume that through the years the agency had been unable to help the family in ways that would influence the kind of long-range benefits we have measured in this study.

These conclusions are based on the assumption that the AFDC, rejected, and nonrecipient families started with about the same number of problems and the same amount of strength. If the AFDC families were initially better off than the rejected or the nonrecipient families, the agency would not be responsible for the students' good performance. However, given the ex post facto design of the research, we could not ascertain the initial level of family functioning for any of the families. But our general knowledge of public assistance cases led us to assume that the typical assistance case is likely to be a multiproblem family hindered by lack of money and other social or emotional problems. We felt safe to conclude that if the AFDC families were functioning at a lower level than the others, their handicaps and problems had defied the agency's best effort to solve them. Or, at best, the agency had stabilized the family and prevented further deterioration.

How we did the study

To conduct the study, we matched the names of the 16,322 high school students in the Mountain View area who were included in Project Talent (99.02 percent of those enrolled in grades 8 through 12) against family names found in the files of agencies dealing with behavioral problems in adolescents and the two local public assistance agencies. These searches were conducted in 1964-65 and in 1965-66. In both instances we tried to reconstruct the official history of the students' behavioral problems, as well as the history of their parents' dependency on public assistance.

We first classified the families by whether they had (1) *ever* or *never* received public assistance; (2), if *ever*, how long; and (3) if *ever*, for how many generations. Under the first we put (1) families in which a parent had *ever* received assistance (that is, at some time during the past 27 years had received AFDC); (2) families in which a parent had applied for but had been denied assistance; and (3) families in which a parent had always lived in Mountain View but had no record of applying for assistance. By length of time for the *ever* group, we classified families by whether they had received assistance for (1) less than 5 years or (2) for 5 years or more.

We next divided families by the number of generations they had received public assistance (in this case, either from Federal or local programs): (1) those who had received aid for one or two generations only and (2) those who had received aid for three or more generations, in both the direct and collateral family lines. By this count we hoped to classify all families who had direct or collateral relatives (mother, aunt, grandmother, and great-aunt, for instance) with the least income. This measure is thus both an intergenerational and an intragenerational index of dependency.

The type of information gathered in the AIR studies allowed us to build a broad index of educational and behavioral problems. For boys we set up six problem scores: school dropout, juvenile delinquency, school discipline, scholastic aptitude, scholastic achievement, and multiproblem index. For girls we used these six and two more: teenage marriage and premarital pregnancy.

School dropout.—We divided Mountain View students into those who had *ever* dropped out and those who had *never* dropped out of school. Because of the difficulty of tracing students who leave an area, the *ever* category includes both those who dropped out and those who did not graduate. At best the *ever* group had delayed graduation; at worst they had failed to graduate.

Juvenile delinquency.—To arrive at scores in this category, we searched the records of the Mountain View county juvenile court and the juvenile bureau of the city police department to find instances of substantiated complaints against adolescents. The names of students included in the Project Talent study were matched against those in the files. To partly overcome the confusion caused by different spelling, we also matched nicknames, reversed first and second names, married names without maiden names, and birthdates. Students were divided into those *ever* and those *never* having a substantiated complaint filed against them.

School discipline.—We defined school discipline problems as those that occurred on school property or at school activities, were reported to a school principal, and were recorded in the student's folder. No student was classified as having a disciplinary problem unless three or more separate entries had been made in his folder. Cutting classes, fighting, rudeness, using profane language, cheating, forging grades, and smoking were the types of problems reported.

Aptitude and achievement.—Within the limits of an aptitude test (the near-impossibility of measuring a person's basic aptitude uncontaminated by learning), the scholastic aptitude score used in this study reflects basic aptitude; the scholastic achievement score reflects knowledge, skill, and subject matter acquired in school. The aptitude test was a composite of such Project Talent subtests as reading comprehension, abstract reasoning, and creativity; the scholastic achievement test was a composite of Project Talent subtests on such subjects as literature, social studies, and biology. The medians for both composite tests had already been computed for each sex and school grade group from national norms, and we classified the students accordingly.

Multiproblem index.—If the students had three or more entries in any of the categories, either simultaneously or cumulatively, we classified him as a multiproblem student.

Teenage marriage and premarital pregnancy.—Girls who had dropped out of school to get married or who had been forced to leave school when school authorities learned of their marriages (married students in Mountain View can attend night classes only) were classified on the first category. From birth records and the files of the Mountain View family and welfare agencies, we identified the girls in the Project Talent sample who had had one or more premarital pregnancies.

Control variables.—In trying to describe the differences among the children of the recipients of public assistance, it was necessary to gather data on the children of nonrecipients. Because the receipt of assistance could have occurred in any year from 1939 through 1966, the socioeconomic status of the family could have markedly changed. Many studies show that the children of working-class families have more behavioral problems than those from other classes and that families receiving public assistance are likely to be and to remain working-class. Comparisons between the children of recipients and of nonrecipients of public assistance could easily be a hidden comparison between working-class and middle-class families.

To this end, we compared recipients and nonrecipients in the same socioeconomic status in 1960, the only year for which we had across-the-board data. From information supplied by Project Talent, we separated the parents by occupation (the mother's if the father's was unknown or the father was not living in the home)—into blue-collar and white-collar—and by education—into low-education (less than high school) and high-education (high school or more). A cross-classification of the data produced four socioeconomic status (SES) categories; SES I, low-education, blue-collar; SES II, low-education, white-collar; SES III, high-education, blue-collar; and SES IV, high-education, white-collar.

Two other aspects were also used as control variables: race and sex. Race was considered a necessary control variable because the schools were segregated and the police department's surveillance and arrest practices could have been markedly different for the white and Negro people of Mountain View. We used sex as a control variable because our measures were related to sex.

What we found

Table 1 illustrates the basic format we used to describe the research results. It shows the school dropout rates of white boys from families headed by blue-collar workers with less than high school education, according to family welfare status. The parents of all these boys had been classified as SES I. Of these 893 students, 106 had parents who received AFDC; 40 had parents who had applied for but had been denied public assistance; and 747 had parents who had neither received nor applied for assistance.

Line 2, the students who had *ever* dropped out of school, is crucial in following the reports on the findings. All tables have been so prepared that the group without problems or with the fewest problems is located on line

Table 1. Number of school dropouts among white boys from socioeconomic status I, by welfare status

Dropped out of school	Welfare status of family					
	AFDC		Rejected		Nonrecipient	
	%	(N)	%	(N)	%	(N)
(Line 1) Never	56.6	(60)	60.0	(24)	75.4	(563)
(Line 2) Ever	43.4	(46)	40.0	(16)	24.6	(184)
Total	100.0	(106)	100.0	(40)	100.0	(747)

Chi square = 19.63 significant at .05 level.

Table 2. Percentage of students having problems, by welfare status, controlled for socioeconomic status, race, and sex

Parents' SES and students' problems	White boys			White girls			Negro boys			Negro girls			SES total		
	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient
	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N
SES I: Low-education, blue-collar															
School dropout	43 (106)	40 (40)	25 (747)S[1]	46 (119)	44 (54)	18 (794)S	31 (26)	25 (8)	23 (31)	32 (40)	33 (9)	9 (43)S	42 (293)[2]	40 (112)	20 (1673)S
Delinquency	23 (106)	12 (40)	15 (747)	4 (119)	4 (54)	2 (794)	19 (26)	25 (8)	6 (31)	8 (40)	0 (9)	2 (43)	13 (293)	8 (112)	8 (1673)S
School discipline	4 (106)	8 (40)	3 (747)	2 (119)	0 (54)	1 (794)S	23 (26)	12 (8)	16 (31)	2 (40)	11 (9)	5 (43)	5 (293)	4 (112)	2 (1673)S
Premarital pregnancy				9 (104)	8 (49)	2 (738)S				32 (38)	44 (9)	14 (43)	15 (142)	14 (58)	3 (781)S
Teen-age marriage				14 (110)	10 (50)	7 (779)				7 (28)	0 (5)	0 (37)	12 (138)	9 (55)	7 (816)
Low school aptitude	79 (80)	70 (27)	70 (602)	77 (90)	75 (40)	64 (614)S	94 (17)	100 (7)	86 (19)	85 (27)	100 (5)	83 (30)	80 (214)	77 (79)	67 (1268)S
Low school achievement	81 (68)	78 (23)	72 (522)	81 (72)	72 (32)	72 (493)	93 (14)	100 (7)	88 (17)	90 (21)	100 (4)	90 (20)	83 (175)	79 (66)	73 (1052)S
Multiproblem	74 (106)	48 (40)	54 (747)S	70 (119)	59 (54)	44 (794)S	69 (26)	100 (8)	55 (31)	80 (40)	56 (9)	46 (43)S	72 (293)	57 (112)	48 (1673)S
SES II: Low-education, white-collar															
School dropout	58 (33)	38 (13)	26 (219)S	58 (40)	53 (17)	21 (228)S	25 (8)	25 (4)	0 (6)	20 (5)	40 (5)	14 (7)	51 (88)	44 (39)	22 (473)S
Delinquency	24 (33)	15 (13)	16 (219)	5 (40)	6 (17)	4 (228)	38 (8)	0 (4)	0 (6)	0 (5)	0 (5)	14 (7)	15 (88)	8 (39)	9 (473)
School discipline	3 (33)	0 (13)	4 (219)	0 (40)	0 (17)	0 (228)	12 (8)	25 (4)	17 (6)	20 (5)	0 (5)	0 (7)	3 (88)	3 (39)	2 (473)
Premarital pregnancy				9 (33)	0 (13)	1 (217)S				20 (5)	60 (5)	14 (7)	10 (38)	17 (18)	2 (224)S
Teen-age marriage				19 (37)	24 (17)	5 (225)S				0 (4)	0 (2)	0 (6)	17 (41)	21 (19)	5 (231)S
Low school aptitude	74 (19)	62 (8)	60 (150)	91 (22)	73 (11)	53 (168)S	100 (6)	100 (4)	100 (5)	100 (1)	100 (3)	100 (3)	85 (48)	77 (26)	57 (326)S
Low school achievement	82 (17)	86 (7)	66 (131)	94 (16)	91 (11)	56 (149)S	100 (5)	100 (3)	100 (4)	100 (1)	100 (1)	100 (2)	90 (39)	91 (22)	62 (286)S
Multiproblem	61 (33)	46 (13)	41 (219)S	68 (40)	82 (17)	36 (228)S	88 (8)	75 (4)	67 (6)	40 (5)	80 (5)	43 (7)	64 (88)	69 (39)	38 (473)S
SES III: High-education, blue-collar															
School dropout	68 (28)	33 (9)	18 (397)S	52 (23)	75 (12)	13 (375)S	64 (28)	29 (7)	18 (27)S	56 (16)	29 (7)	14 (50)S	61 (95)	46 (35)	15 (866)S
Delinquency	29 (28)	22 (9)	18 (397)	17 (23)	0 (12)	2 (375)S	39 (28)	29 (7)	26 (27)	19 (16)	14 (7)	8 (50)	27 (95)	14 (35)	10 (866)S
School discipline	7 (28)	0 (9)	7 (397)	4 (23)	0 (12)	1 (375)	18 (28)	29 (7)	18 (27)	0 (16)	0 (7)	2 (50)	8 (95)	6 (35)	4 (866)
Premarital pregnancy				10 (21)	28 (7)	1 (355)S				25 (12)	28 (7)	12 (50)	15 (33)	28 (14)	2 (405)S
Teen-age marriage				10 (21)	50 (10)	5 (371)S				31 (16)	0 (5)	0 (44)S	18 (34)	33 (15)	5 (415)S
Low school aptitude	64 (14)	62 (8)	52 (297)	88 (16)	67 (6)	44 (274)S	90 (18)	50 (2)	75 (16)	91 (11)	100 (4)	82 (39)	84 (61)	70 (20)	51 (626)S
Low school achievement	73 (11)	71 (7)	53 (257)	86 (14)	60 (5)	52 (232)S	88 (16)	50 (2)	77 (13)	89 (9)	100 (3)	84 (31)	84 (50)	71 (17)	55 (533)S
Multiproblem	50 (28)	56 (9)	40 (397)S	78 (23)	75 (12)	30 (375)S	86 (28)	29 (7)	52 (27)S	88 (16)	57 (7)	58 (50)S	74 (95)	57 (35)	36 (866)S
SES IV: High-education white-collar															
School dropout	71 (21)	40 (5)	14 (628)S	59 (22)	33 (9)	9 (606)S	54 (11)	0 (0)	33 (21)	64 (11)	100 (3)	17 (12)S	63 (65)	44 (18)	12 (1291)S
Delinquency	19 (21)	40 (5)	18 (628)	4 (22)	0 (9)	2 (606)	27 (11)	0 (0)	10 (21)	9 (11)	33 (3)	8 (12)	14 (65)	17 (18)	10 (1291)
School discipline	0 (21)	0 (5)	4 (628)	4 (22)	0 (9)	0 (606)S	18 (11)	0 (0)	5 (21)	0 (11)	0 (3)	0 (12)	5 (65)	0 (18)	2 (1291)
Premarital pregnancy				5 (19)	0 (9)	2 (596)				18 (11)	67 (3)	8 (12)	10 (30)	17 (12)	2 (608)S
Teen-age marriage				14 (21)	0 (9)	2 (597)S				0 (9)	0 (1)	0 (11)	10 (30)	0 (10)	2 (608)S
Low school aptitude	60 (10)	0 (2)	35 (452)	92 (12)	71 (7)	29 (441)S	100 (5)	0 (0)	62 (13)	100 (6)	100 (2)	75 (8)	85 (33)	64 (7)	33 (914)S
Low school achievement	60 (10)	0 (2)	37 (413)	67 (6)	83 (6)	33 (384)S	100 (2)	0 (0)	60 (10)	100 (4)	100 (2)	86 (7)	73 (22)	70 (10)	36 (814)S
Multiproblem	48 (21)	20 (5)	27 (628)S	64 (22)	44 (9)	18 (606)S	54 (11)	0 (0)	33 (21)	64 (11)	100 (3)	58 (12)	57 (65)	44 (18)	23 (1291)S

[1] This figure is read: Of the 747 nonrecipient white boys from SES I, 25 percent dropped out of school. Whenever line is followed by "S," the differences were significant at the .05 level.
[2] SES total at end does not necessarily equal race-sex category totals as it includes all those whose race or sex could not be determined.

1 and the group with problems or the most severe problems is located on line 2. A chi square test of significance was computed for each table.

Line 2 of table 1 yields the following information: 43.4 percent of the white boys from AFDC families dropped out of school; 40.0 percent of white boys from rejected families dropped out of school; but only 24.6 percent of white boys from nonrecipient families dropped out of school. These figures show a significant difference at the .05 level.

We then prepared tables similar to table 1 for the three other socioeconomic categories (SES II, III, and IV) and the three other race-sex categories (white girls, Negro boys, and Negro girls) and repeated the same process for each of the seven other outcome variables used to measure social and scholastic adjustment. Including the cumulative tables for the four SES groups, we produced 144 tables. Table 2 lists the second line percentages from the 144 tables.

We could take up each indicator of social and scholastic adjustment separately and trace any variation among the socioeconomic and race-sex categories. However, our interest lies in their one unifying meaning: a Mountain View high school student who could be classified as having *any* of the social or scholastic problems we included has less chance of breaking the poverty cycle than those who do not. For this reason we discuss only the variations related to this meaning.

Whether the student dropped out of school, was picked up by the police, repeatedly broke school rules, or defied school authority, had an early marriage or a child born out of wedlock, or scored poorly in comparison to national norms of scholastic aptitude and achievement—any one of these forms a link in a chain of events leading to family breakdown, erratic employment in low-paying jobs, and second-generation dependency.[1] We assumed that those with cumulative or simultaneous records of three or more problems—the multiproblem group—were more likely to continue the poverty cycle. Thus, we began the analysis of the 144 tables by asking which of the three groups of families—the AFDC, rejected, or nonrecipient—had the highest percentage of problem students; we emphasized the number of times the group had the highest percentage rather than the types of problems.

For example, the first line under "white boys" shows that 43 percent of the AFDC, 40 percent of the rejected, and 25 percent of the nonrecipient groups dropped out of school. The AFDC group had the highest percentage of dropouts, and we counted this fact as *one* instance in which they scored highest and noted whether the percentage differences were significant at the .05 level. When two or more groups tied for the highest percentage of problems, we scored the table as "even." This procedure was continued for the other 143 lines shown in table 2 with these results:

Number of times students from AFDC, rejected, or nonrecipient families had the highest percentage of problems

Students, by race and sex	Welfare status of family			Even
	AFDC	Rejected	Nonrecipient	
White boys	16	5	3	0
White girls	24	7	0	1
Negro boys	15	6	0	3
Negro girls	8	15	4	5
SES totals	24	8	0	0
Total number of times highest percentage of problems	87	41	7	9
Total number of times significant at .05	50	16	0	0

Of 144 possible instances, students from AFDC families scored highest 87 times; students from rejected families, 41 times; and students from the nonrecipient families, seven times (nine ties). For the white students, both boys and girls show the same pattern: the students from AFDC families have the highest number of problems. However, for the Negro students, the pattern is different by sex. The Negro boys show the same pattern as the white boys and girls, but the Negro girls show a strong pattern in which the rejected families have the highest percentage of problem students (15 as opposed to 8). Except among Negro girls, therefore, the AFDC families have the highest percentage of problem students.

Before interpreting these results, we wanted to ascertain the size of the differences among the three groups because the AFDC families could show consistent but small differences between their percentages of problem children and the percentages of problem children from the other two groups. For this reason we developed the following method for determining differences. For each of the 112 tables under the four race-sex categories, we subtracted the lowest percentage from the other two percentages. To illustrate, from table 2, line 2, we subtracted 24.6 percent (boys from

[1] This figure is the sum of the AFDC, rejected, and nonrecipient white boys' totals, as it includes all those whose race or sex could not be determined.

[2] SES total at end does not necessarily equal race-sex category totals as it includes all those whose race or sex could not be determined.

nonrecipient families) from 40 percent (boys from rejected families) and 43.4 percent (boys from AFDC families) (the percentages have been rounded to two places in table 2). Thus, the boys from AFDC families have a percentage difference dropout score of 18.8; students from rejected families, 15.4; and students from nonrecipient families, zero. We followed the same procedure for each of the other 111 lines, with these results:

Students, by race and sex	Welfare status of family		
	AFDC	Rejected	Nonrecipient
White boys	485.9	180.2	104.2
White girls	668.3	544.8	10.1
Negro boys	689.9	160.8	286.0
Negro girls	315.0	421.0	24.6
Cumulative difference. .	2,159.1	1,306.8	424.9
Average difference. . . .	19.27	11.67	3.79

The percentage point differences are most marked between students from AFDC families and nonrecipient families and between those from rejected families and nonrecipient families. On the average, the (AFDC families have 19 percentage points more problems than the families with the lowest number of problem students. The rejected families have an average of 12 percentage points more than the lowest scoring families; and in the few instances when the nonrecipient families have more problem students than the other kinds of families, they are on the average only 4 percentage points higher than the lowest scoring families. The differences between the AFDC and the rejected families are small and illustrate by their smallness a matter that has long caused concern to public assistance workers—the possibility that eligibility requirements are unreasonably restrictive and fail to help many families in need. The long-range consequences of *denying* aid apparently are particularly damaging to girls in rejected families, especially Negro families.

In spite of the consistency of the results, we were concerned that the differences may have been due to another aspect—the likelihood that the AFDC families were headed by women in contrast to the rejected and nonrecipient families. The only across-the-board information we had on the subject was data obtained, in 1960, from a Project Talent questionnaire dealing with the family and personal living conditions of the students included in the survey. One of the questions was this: "What parent do you now live with?" Data on all students who answered "mother only" are included in table 3.

Our analysis of table 3 produced these results:

Number of times students from AFDC, rejected, or nonrecipient families headed by women had the highest percentage of problems

Students, by race and sex	Welfare status of family			Even
	AFDC	Rejected	Nonrecipient	
White boys	2	2	0	1
White girls	4	3	0	0
Negro boys	4	0	1	0
Negro girls	4	3	0	0
Total column.	6	0	0	1
Total number of times highest percentage of problems	20	8	1	2
Total number of times significant at .05	13	1	0	1

For the families headed by women, students from AFDC families have the highest percentage of problems 20 times; students from rejected families, eight times; students from nonrecipient families, one time (two ties). The families headed by women have the same pattern of results found without controlling for head of family; the AFDC families have the highest number of problems.

To determine the size of the percentage differences among the three groups, we applied the formula used to analyze table 2 to the 24 lines in table 3 with these results:

Students by race and sex	Welfare status of family		
	AFDC	Rejected	Nonrecipient
White boys	91.2	71.6	0
White girls	87.7	55.3	0
Negro boys	112.3	34.0	32.0
Negro girls	66.8	42.8	48.0
Cumulative difference	358.0	203.7	80.0
Average difference. .	14.92	8.49	3.33

The pattern for the families headed by women closely follows previous results—the AFDC and rejected families are markedly above the nonrecipient families in the number of children with problems but are similar in scores. Thus, we cannot attribute differences among the groups to three of the control variables—race, socioeconomic status, and family headed by a woman. Even though each group has a different proportional composition of the control variables, results are similar within categories of the control variables. Only the variable *sex of student* affects the direction of the results: girls in rejected families fare poorly when compared with girls from AFDC or nonrecipient families.

The data allowed us to test two other major hypotheses:

- Students from AFDC families who received assistance for a *longer* period of time (5 years or more) have the same proportion of problems as students from AFDC families who received assistance for a *shorter* period of time (less than 5 years).
- Students from families receiving any form of public assistance for three generations or more have the same proportion of problems as students from families receiving assistance for fewer generations.

To test the first hypothesis, we constructed table 4. An analysis of table 4 produced these results:

Number of times short-term families and long-term families had the highest percentage of problems

Students, by race and sex	Length of time	
	Short-term	Long-term
White boys	3	2
White girls	0	7
Negro Boys	2	3
Negro girls	1	6
Total column	0	7
Total number of times highest percentage of problems	6	25
Total number of times significant at .05 level	0	3

Students from long-term AFDC families (5 years or more) score higher 25 times; students from short-term families (less than 5 years), six times. There are no ties. The pattern of the results was sharply different for boys and girls. The girls from long-term families consistently have a higher incidence of problems than girls from short-term families. The short-term and long-term boys are tied.

Our calculations to determine the size of the percentage differences produced these results:

Students, by race and sex	Length of time receiving AFDC	
	Short-term	Long-term
White boys	4.9	13.1
White girls	0	28.9
Negro boys	3.4	13.9
Negro girls	.6	27.0
Cumulative difference	8.9	82.9
Average difference	.37	3.45

The average percentage point difference is small (3.45) and of little practical significance. Girls from long-term AFDC families consistently tend to have more problems than girls from families receiving assistance for short periods of time. Boys follow the same pattern but to a smaller percentage.

To test the second hypothesis, we constructed table 5. Our analysis of table 5 produced these results regarding the number of times two- and three-generation families had the highest percentage of problems:

Students, by race and sex	Number of generations	
	1 or 2	3 or more
White boys	2	3
White girls	4	3
Negro boys	1	4
Negro girls	1	6
Total column	1	6
Total number of times highest percentage of problems	9	22
Total number of times significant at .05 level	0	3

Twenty-two of 31 possible times, students from families that had received assistance for three or more generations have higher percentages of problems than

Table 3. Percentage of students having problems in families headed by women, controlled for race and sex

Students' problems	White boys			White girls			Negro boys			Negro girls			Total		
	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient	AFDC	Rejected	Nonrecipient
	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N
School dropout	57 (112)	57 (23)	29 (177)S[1]	59 (134)	42 (33)	24 (254)S	46 (50)	27 (11)	37 (19)	35 (68)	0 (5)	30 (30)	52 (364)[2]	42 (72)	26 (480)S
Delinquency	22 (112)	30 (23)	15 (177)	5 (134)	6 (33)	4 (254)	24 (50)	9 (11)	26 (19)	9 (68)	0 (5)	7 (30)	14 (364)	14 (72)	9 (480)
School discipline	5 (112)	13 (23)	4 (177)	1 (134)	0 (33)	0 (254)	24 (50)	0 (11)	5 (19)S	4 (68)	0 (5)	3 (30)	6 (364)	4 (72)	2 (480)S
Premarital pregnancy				11 (113)	4 (28)	2 (233)S				24 (61)	40 (5)	28 (29)	16 (174)	9 (33)	5 (262)S
Teen-age marriage				17 (122)	16 (32)	8 (249)S				13 (53)	0 (3)	4 (22)	16 (175)	14 (35)	8 (271)S
Low school aptitude	77 (75)	60 (15)	54 (127)S	80 (88)	70 (23)	58 (192)S	100 (32)	90 (10)	67 (12)S	88 (49)	100 (3)	86 (21)	83 (244)	72 (51)	58 (352)S
Low school achievement	88 (64)	69 (13)	56 (107)S	76 (72)	79 (19)	65 (159)	96 (25)	86 (7)	75 (6)	91 (34)	100 (2)	88 (16)	85 (195)	78 (41)	63 (290)S

[1] Whenever the line is followed by "S," the differences were significant at the .05 level.
[2] Total at end does not necessarily equal race-sex category totals as it includes all those whose race or sex could not be determined.

students from one- or two-generation families. The latter group have the highest score nine times.

Our calculations to determine the size of the percentage differences brought these results:

Students, by race and sex	Number of generations dependent on AFDC	
	1 or 2	3 or more
White boys	5.1	24.8
White girls	6.6	7.4
Negro boys	.3	20.4
Negro girls	5.1	51.8
Cumulative difference	17.1	104.4
Average difference	.71	4.35

The average percentage point difference is small (4.35). Students from all families, especially Negro girls, consistently have more problems when they are from families dependent on assistance for more than three generations.

Our principal conclusions . . .

Whether we are talking about Negro or white persons, low or high status socioeconomic families, or families headed by women or men or both parents, students from AFDC families consistently and significantly have more problems than those from families who never applied for assistance. They also consistently have more, but only slightly more, problems than students from families denied assistance. The extent of problems in the rejected and AFDC families is similar and, indeed, for Negro girls those from rejected families fare more poorly than those from the ADFC families.

Table 4. Percentage of students having problems by length of time family received AFDC, controlled for race and sex

Students' problems	White boys		White girls		Negro boys		Negro girls		Total	
	Short-term	Long-term	Short-term	Long-term	Short-term	Long-term	Short-term	Long-term	Short-term	Long-term
	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N
School dropout	60 (187)	60 (146)	53 (215)	61 (157)	59 (49)	56 (97)	40 (48)	48 (106)	55 (499)	57 (506)
Delinquency	24 (187)	23 (146)	5 (215)	8 (157)	35 (49)	35 (97)	8 (48)	9 (106)	15 (499)	18 (506)
School discipline	6 (187)	3 (146)	2 (215)	2 (157)	16 (49)	25 (97)	2 (48)	6 (106)	5 (499)	8 (506)
Premarital pregnancy			3 (187)	11 (135)S			25 (49)	34 (99)	8 (231)	21 (233)S
Teen-age marriage			13 (208)	15 (142)			11 (37)	11 (72)	13 (245)	14 (214)
Low school aptitude	74 (117)	78 (83)	83 (133)	85 (91)	94 (31)	98 (50)	93 (28)	92 (65)	82 (309)	87 (289)
Low school achievement	78 (99)	87 (69)	82 (110)	88 (73)	96 (22)	95 (41)	91 (23)	95 (43)	82 (254)	90 (226)S

Table 5. Percentage of students having problems, by number of generations family received assistance

Students' problems	White boys		White girls		Negro boys		Negro girls		Total	
	Generations		Generations		Generations		Generations		Generations	
	1 or 2	3 or more	1 or 2	3 or more	1 or 2	3 or more	1 or 2	3 or more	1 or 2	3 or more
	% N	% N	% N	% N	% N	% N	% N	% N	% N	% N
School drop-out	58 (253)	63 (87)	57 (290)	55 (94)	57 (81)	56 (69)	45 (78)	47 (78)	56 (710)	55 (332)
Delinquency	23 (253)	23 (87)	7 (290)	6 (94)	35 (81)	36 (69)	12 (78)	6 (78)	16 (710)	17 (332)
School Discipline	6 (253)	1 (87)	2 (290)	2 (94)	18 (81)	26 (69)	1 (78)	8 (78)	5 (710)	8 (332)
Premarital pregnancy			5 (251)	11 (83)			23 (74)	40 (69)S	10 (325)	24 (152)S
Teen-age marriage			14 (276)	13 (85)			6 (61)	18 (50)	13 (337)	15 (135)
Low school aptitude	73 (150)	86 (50)	83 (165)	85 (59)	92 (40)	100 (41)	89 (44)	96 (49)	81 (399)	91 (199)S
Low school achievement	80 (130)	87 (38)	85 (133)	82 (50)	93 (30)	97 (33)	91 (32)	97 (34)	84 (325)	90 (155)

The longer the family receives assistance, the more likely it is to have children with the kinds of problems we examined in this study. The differences between the short-term and long-term families are small and dependent on the sex of the child. Students from families whose close relatives receive assistance have more problems than others.

. . . and the principal implications

A number of important warnings are in order before applying these results to the children of all recipients of public assistance. These results were obtained in one community with some political, economic, and social conditions similar and some dissimilar to those in most other major urban areas of the United States. Before we can have confidence in the results of the Mountain View study, other studies in other communities must be carried out and the results compared to those from Mountain View.

Another important warning concerns the danger of applying the results of a study of one type of welfare system to all types. State welfare policies regarding levels of grants, restrictiveness of eligibility, and extent of social and medical services vary widely. Mountain View is in a State consistently below the national median for payment to AFDC families (its grants were about 70 percent of the national median during the 1940's and 1950's). During the 20 years of this study the State consistently ranked about 40th from the State giving the highest support to AFDC families.

As pointed out earlier, the ex post facto nature of the research did not allow us to compare the level at which the family and child were functioning at the time the families applied for assistance nor to determine how the children compared with other children of like age from families not receiving assistance. Our general knowledge of public assistance cases suggests that assistance families tend to have more problems than others in the community—indeed, the policies of public assistance agencies cause staff members to strive to assist *only those most in need*. Our results show that between self-selection and agency selection, AFDC families are the families that have the most problems.

The public assistance agency, working under the policy in force during the period covered, could not bring the children in their AFDC caseload up to the level of other families in the community of similar socio-economic status, race, and household structure. The welfare system in this community may have provided assistance equal to the family's minimum needs, but it did not succeed in mitigating the social consequences of poverty.

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[1] *"The Family Cycle and Income Development,"* by *Alvin L. Schorr,* Social Security Bulletin, *February 1966.*

Psychiatric Impairment in Welfare and Nonwelfare Children

Thomas S. Langner, Edward L. Greene, Joseph H. Herson, Jean D. Jameson, Jeanne A. Goff, John Rostkowski, and David Zykorie

The preliminary results of the Manhattan Survey of Psychiatric Impairment in Urban Children, the project with which we are associated, point up the differences in psychiatric impairment between children of welfare families, low-income nonwelfare families, and high-income families. In this article we relate these differences to parental practices and components of the children's socioeconomic background.

The study methods

The data used in this article are based on a preliminary selection of cases from the Survey. In the full study a clustered random sample of 1,034 households was chosen in the Manhattan area of New York City. Each family in the sample had children between the ages of 6 and 12, one of whom was randomly selected as the study child. A psychiatric social worker or the equivalent interviewed the mother for 2 hours about the study child. Through a structured questionnaire, she was asked about the child's behavior with her, his father, his brothers and sisters, and other children, and in school. The questionnaire also yielded information about symptomatology (neurotic, psychotic, psychophysiological, and sociopathic symptoms, for example), birth and development, the child's self-confidence and organization, medical history, parental practices and attitudes, parents' relationship with each other, and family background. The data obtained were edited, punched, and printed by computer in three parts.

The first report covered symptomatology and role functioning; the second, sociocultural background; and the third, parental behavior. A psychiatrist from the project rated each child on a 5-point scale on eight areas of impairment and gave him one global rating of impairment. He also assigned a caseness rating (that is, a rating of five on this scale showed that the psychiatrist felt that some form of intervention was necessary and that he was 90 percent confident of his judgment). He also gave each child a diagnostic impression after reading each report.

The first rating, made without knowledge of the child's background, allows independent correlation of social data with impairment. Only this rating is used in this article. The second rating, which includes information on background, allows the psychiatrist to take into account mitigating circumstances. The third rating, which includes information about parental behavior, provides an idea of what a total psychiatric evaluation might be if all information were present. It is the closest to a rating based on direct examination.

In addition, the psychiatrists directly interviewed a fourth of the children for an hour and a half and saw their mothers during the same visit. The information obtained from these interviews makes it possible to

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Dr. Langner, the principal investigator of the research project on which this article reports, is research associate professor of psychiatry (sociology), Department of Psychiatry, New York University School of Medicine. Drs. Greene and Herson are research scientists and clinical instructors. Dr. Jameson is senior research scientist; Miss Goff, assistant research scientist. Drs. Rostkowski and Zykorie were medical students at the time this article was written.

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Table 1A. Low-income welfare (AFDC) and nonwelfare families, by ethnic background (incomes below $6,500 a year)

Ethnic background	Welfare (AFDC) families	Nonwelfare families	Total sample
	%	%	%
White	8	35	65
Negro	40	25	16
Spanish-speaking	52	39	17
Other	-	1	2
Total (%)	100	100	100
N	25	98*	393**

**3 cases unclassified for ethnic background.*
***7 cases unclassified for ethnic background.*

compare the symptoms elicited by direct examination of the child with those given by the mother in response to the questionnaire.

The 400 cases included in the preliminary sample, which are roughly representative of the total, were separated into three groups by income and welfare status: families with incomes below $6,500 a year receiving Aid to Families with Dependent Children (AFDC)—the low-income nonwelfare families; families with incomes below $6,500 but not receiving AFDC—the low-income nonwelfare families; and families with income above $6,500 a year—the high-income families. In addition, the category "total low-income," used in the study and in this article, includes both welfare and low-income nonwelfare families. The sample consists of 25 welfare families, 104 low-income nonwelfare families, and 254 high-income families. The total sample includes both low-income groups and the high-income group; 12 families unclassifiable by income; and eight families with income under $6,500 a year receiving aid under Federal programs other than AFDC. The impairment ratings and diagnostic impressions used are the evaluations made by the project psychiatrists of the first report printed out by the computer.

Unlike the ethnic composition of the total sample of the preliminary study (table 1A), the low-income families are mostly Negro and Spanish-speaking. Of the two groups, a slightly higher percentage of the low-income Negro families were receiving AFDC (table 1B) at the time of the study. Only a small percentage of the AFDC families were white. As table 2 shows, the income distribution of the welfare and nonwelfare families is markedly different: the welfare families are distributed among the lower levels of income under $6,500 a year; the low-income nonwelfare families among the upper levels. This fact explains the large difference between the mean income of the two groups: $3,385 a year for the welfare families and $4,506 for the low-income nonwelfare families. The small amount of income furnished by public assistance and the inability of most adults in AFDC families to get good-paying jobs may account for the difference. There is, however, a strong relation between the average number of children in a welfare family and its income. In the AFDC families, of course, those with the most children receive the most assistance, as provided by law.

Table 1B. Ethnic background of low-income families (under $6,500 a year), by welfare (AFDC) and nonwelfare status

Economic status	Ethnic background		
	White	Negro	Spanish speaking
	%	%	%
Welfare (AFDC)	6	29	25
Nonwelfare	94	71	75
Total	100	100	100
N	36	35	51

Does not include one "other" and three cases unclassified by ethnic background.

Table 2. Income distribution by welfare (AFDC) and nonwelfare status of low-income families (under $6,500 a year)

Annual income	Status of family	
	Welfare (AFDC)	Nonwelfare
	%	%
Under $780	-	-
$780-$1,299	8	2
$1,300-$2,599	16	5
$2,600-$3,899	48	23
$3,900-$5,199	16	35
$5,200-$6,499	12	35
Total (percent)	100	100
Mean annual income	$3,385	$4,506

The study results

The focus of our attention in this article is on the differences between welfare (AFDC) and nonwelfare families in these respects: (1) impairment of the child; (2) family composition; (3) diagnostic impression of the child; (4) history of the child's birth and of the pregnancy of which he was born; (5) the mother's psychophysiological symptoms and character; (6) the child's dependency on his mother and on his father, and other relationships with his parents; and (7) mother's employment status and the child's pride in his parents. The principal results of the study concern these aspects.

Impairment of the child.—Table 3 compares the distribution of the children's impairment ratings for various functional areas across welfare and nonwelfare families. The percentage of children having *marked* (4) or *severe to incapacitated* (5) ratings for *total impairment* are similar for both low-income groups. The children of the welfare families, however, have a higher average ridit (average impairment risk, based on a statistic called the "ridit," which is in effect a cumulative percentile ranking) than the children from the low-income nonwelfare families. Apparently, the welfare children are more impaired than the nonwelfare children, a finding corroborated by the ratings for specific kinds of impairment (table 3). A higher percentage of the welfare children than the nonwelfare children have *moderate or worse* (3+) ratings in *developmental impairment* (36 percent) than do low-income nonwelfare children (26 percent), whose ratings are similar to the sample as a whole (24 percent). (The term *developmental impairment* describes the behavior and development of the child for such aspects as speech, sight, and hearing appropriate to his age.) Low-income nonwelfare children are also healthier than low-income welfare children in *school functioning* and *relationship with natural father.*

The welfare children and the low-income nonwelfare children differ little in *impairment of relationships with*

Table 3. Impairment in children, by status of family

Impairment	Low-income families (below $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC) families	Nonwelfare families	Total		
Total impairment %4+	16	18	17	10	13
Average ridit (R) total impairment	.61	.53	.55	.47	.50
Impairment of development %3+	36	26	28	22	24
Impairment of school function %3+	32	21	23	8	15
Impairment of peer relationships %3+	36	33	34	20	25
Impairment of relationships with siblings %3+	25	12	15	20	18
Impairment of relationship with natural mother %4+	12	11	3	2	2
Impairment of relationship with natural father %4+	39	11	16	2	6
Symptom impairment %4+	20	17	18	10	12
Impairment of self-confidence %4+	12	12	12	6	8
%3+	64	51	53	44	48
Caseness %5+	24	20	21	11	14
N*	25	101	126	254	400

**N's may vary by one or two cases for each kind of impairment. The total sample includes 12 cases unclassifiable by income and eight cases with annual incomes under $6,500 receiving assistance under programs administered by the Social Security Administration and the Veterans Administration.*

peers (other children of about the same age and grade) and *symptom impairment* (a description not confined to a particular behavior setting or relationship). In these aspects the children in both the low-income groups display greater impairment than the high-income children. The percentage of 3+ ratings is almost twice as great for the low-income children as for the high-income children for ***relationships with peers;*** low-income children have twice the percentage of 4+'s found in high-income children for *symptom impairment.* Neither group of low-income children differs in *impairment of self-confidence* for percentage of 4+ 's (a measure of ego strength as well as of self-image), but both have twice as large a percentage as the high-income children. For the rating 3+, the low-income nonwelfare children fare better than the welfare children and fall midway between the welfare and high-income children. The percentage of children who are poorly motivated, apathetic, or pessimistic is the same for the welfare and the nonwelfare children, but the nonwelfare families have fewer children with moderate *self-confidence impairment.* For *relationships with peers, symptom impairment,* and *impairment of self-confidence,* the differences due to income are of primary importance. Differences due to welfare status are secondary, because the children in both welfare and nonwelfare low-income groups have similar but poorer ratings than the children in the high-income group.

Impairment of relationships with brothers and sisters (siblings) differs from other areas of impairment in that the percentage of 3+ cases is much lower for the children in low-income nonwelfare families than for those in the welfare families or in the high-income families. The higher rate in the high-income group may be due to greater rivalry for parental affection. The high impairment of welfare children seems less related to rivalry than to the general impairment of the group. It parallels the high impairment of these children in *school functioning, development, relationships with natural fathers,* and *relationships with peers* and suggests the association of welfare status with generally poor ability to function as an individual and as a member of a family and to get along with other children.

In the rating of caseness, or need for intervention, 24 percent of the welfare children have ratings of 5, meaning that the psychiatrists recommended intervention for them with 90 percent confidence. The nonwelfare low-income children have a slightly lower percentage than the welfare children (20 percent). Both groups have a higher proportion of potential "cases" than the high-income group, in which only 11 percent need immediate intervention.

Father and father substitute.—Table 4 shows that 56 percent of the welfare families in the sample have no father figure (natural father or father substitute—a stepfather or a boyfriend of the mother, including a common law husband—who had been present in the home for at least a year). This is more than twice the proportion of the nonwelfare children who had no father figure (25 percent). The welfare children, almost by definition, are disadvantaged by comparison with the low-income nonwelfare children, as the welfare family is typically without a father. The fact that there were almost four times as many low-income households as high-income households without a natural father or father substitute (table 4) illustrates the sharp socioeconomic contrast in family and social organization. (The absence of a father figure, however, should not be

Table 4. Father figure in household, by welfare (AFDC) and nonwelfare families

Father figure	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Natural father	36	64	59	84	75
Father substitute	8	11	10	8	9
No father figure	56	25	31	8	16
Total (percent)	100	100	100	100	100
N	25	101	126	254	400

treated as crucial in mental disorder without further study. Broken homes, *in themselves,* may not be a noxious influence.)

Psychiatric diagnostic impressions.—In addition to the impairment ratings of each child, each psychiatrist forms a diagnostic impression based on his first exposure to the child's symptomatology *without* knowing the child's demographic background or the parental behavior. The impression is, therefore, "blind" to race, welfare status, and the like.

The pattern of psychiatric disorders is strikingly different when welfare children are compared with nonwelfare children (table 5A). The proportion of children with possible psychotic disorders is three times as high in the welfare group (12 percent) as in the nonwelfare group (4 percent), which has a rate similar to the higher income group (5 percent). (From the standpoint of services, these children should have immediate care, perhaps as inpatients.) The low-income nonwelfare children have a higher proportion of reactive disorders than the welfare children—again the proportion is similar to that of the high-income children. The nonwelfare low-income children may have advantage over the welfare children if their reactive disorders are part of a defense against environmental stress that will enable them to rise above their low-income status. This is in contrast to those who react to environmental stress with psychotic-like states, as do about 12 percent of the welfare children. The greater prevalence of developmental deviations and brain syndrome in the welfare children also points toward serious difficulties in this group. (Because organic diagnoses were relegated to a secondary position if any other classification was appropriate, the actual amount of organicity in the sample is greatly underestimated by the *primary* diagnosis.)

Table 5B shows the distribution of personality disorders in both low-income groups. The nonwelfare group contains 3.5 times as many children classified as having compulsive personalities (27 percent of those with a diagnosis of personality disorder) as the welfare group (8 percent). The high-income group has the same proportion of children with *compulsive personalities* as the low-income nonwelfare group. The proportion of *overly inhibited personalities* is also low among the welfare children in contrast to the children in low-income nonwelfare families, who are even above the high-income group in this category. Thus, few welfare children are classified as *compulsive* or *inhibited,* but these categories include half of the low-income nonwelfare children with a diagnosis of personality disorder and 44 percent of the high-income children with such a diagnosis.

Table 5A. Primary diagnosis of children's disorders, by welfare (AFDC) and nonwelfare status

Diagnosis	Low-income families (under $6,500 a year)			High-income families (under $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Well	8	16	14	23	20
Reactive disorders	8	15	13	16	15
Developmental deviations	12	7	8	4	5
Psychoneurotic reactions	4	6	6	9	8
Psychophysical disorders	–	–	–	1	1
Personality disorders	52	50	51	42	45
Psychotic disorders	12	4	6	5	5
Brain syndrome	4	2	2	–	1
Mental retardation	–	–	–	–	–
Total (percent)	100	100	100	100	100
N	25	101	126	254	400

Table 5B. Types of personality disorders, by welfare (AFDC) and nonwelfare status

Type of disorder	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Compulsive	8	27	23	26	24
Hysterical	–	–	–	1	1
Anxious	30	22	23	16	18
Overly dependent	8	2	3	5	4
Oppositional	–	4	3	6	6
Overly inhibited	8	23	20	18	19
Pseudoindependent	–	2	2	5	3
Isolated (schizoid)	15	2	5	5	5
Mistrustful (paranoid)	23	6	10	3	5
Impulse-ridden	8	8	8	9	8
Neurotic disorder	–	–	–	2	1
Sociosyntonic disorder	–	–	–	–	–
Passive-aggressive	–	4	3	4	5
Sexual deviation	–	–	–	–	–
Other types	–	–	–	–	–
Total (percent)	100	100	100	100	99*
N	13	51	64	107	180

**Percentages add to 99% when rounded off.*

Mistrustful personalities (paranoid) are heavily represented among the welfare children; this kind of disorder accounts for 23 percent of the personality disorders in the welfare children, 6 percent in the low-income nonwelfare children, and 3 percent in the high-income children. Isolated personalities (schizoid) also are heavily represented among the welfare children (15 percent), in contrast to the other low-income children (2 percent) and the high-income children (5 percent). A marked trend is also apparent in the percentage of children with personality disorders in the category of *anxious personality* (30 percent for the welfare children, 22 percent for the low-income nonwelfare children, and 16 percent for the high-income children). Here, however, the low-income nonwelfare children are about midway between the two other groups.

These data present a picture of the welfare child with a personality disorder as being mistrustful, isolated, and anxious; the nonwelfare child with a disorder as compulsive and inhibited. The welfare child displays disturbances characteristic of the lower class subculture of which he is a part; the nonwelfare child may be reacting or overreacting to the goal-oriented middle-class culture. The suspicious personality of the welfare child may explain his greater impairment in *school functioning*, in contrast to the more driven nonwelfare child. The fact that the low-income nonwelfare child looks more like the high-income child than the welfare child, on the basis of personality disorders, suggests that the low-income nonwelfare child may be internalizing middle-class norms derived either from his family or from his social environment. Whether these differences in personality have implications for social mobility has yet to be tested. Perhaps the compulsiveness of the low-income

Table 6. Mother's age when study child was born, by welfare (AFDC) and nonwelfare status

Mother's age	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
14-19 years	10	13	12	5	7
20-24 years	45	29	32	19	23
25-29 years	15	25	23	36	31
30-34 years	20	17	18	28	25
35-39 years	10	12	12	10	11
40-45 years	–	4	3	2	3
Total (percent)	100	100	100	100	100
N	20	93	113	244	370*
Mean age	25.4	26.8	26.6	28.4	27.8

**11 cases DK, NA; 19 cases DNA not included.*

nonwelfare children is part of the price of rising out of the low-income group, a type of psychological "anticipatory socialization."[1]

Pregnancy and birth.–Tables 6 and 7 cover some aspects of pregnancy and birth. The heavy proportion of out-of-wedlock births in welfare families should be associated with younger motherhood, a supposition supported by table 6. The mean age of the welfare mothers at the time the "sample" child was born was 25.4 years; of the nonwelfare mothers, 26.8; and of the high-income mothers, 28.4. The data support the hypothesis that high-income mothers have their children at a later age than women in other income groups. The proportion of mothers 14-19 years old when the "sample" child was born varies from 10 percent and 13 percent for welfare and nonwelfare low-income mothers to 5 percent for high-income mothers, perhaps indicating

Table 7. Weight of study child at birth, by welfare (AFDC) and nonwelfare status

Birth weight of child	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
3 to 5 lbs., 15 oz.	26	21	22	12	15
6 to 8 lbs., 15 oz.	65	71	70	83	79
9 lbs. and over	9	8	8	5	6
Total (percent)	100	100	100	100	100
N	23	94	117	248	382*
Average birth weight	6.3 lbs.	6.7 lbs.	6.6 lbs.	6.7 lbs.	6.7 lbs.

**Does not include 18 cases DK, NA.*

that out-of-wedlock births are associated with low income rather than with welfare status in itself.

Whether from ignorance or shame, very few mothers reported other than full-term pregnancies. Therefore, the weight of the study child at birth was used as a better indicator of prematurity than average length of pregnancy (table 7). Welfare status seems to be the significant variable here. About 26 percent of the welfare children weighed under 6 lbs. at birth, as compared with 21 percent of nonwelfare children and only 12 percent of high-income children. Average birth weights follow this tendency: 6.3 lbs. was average for welfare children and 6.7 lbs. for both low-income nonwelfare and high-income children.

Just how prematurity affects a person's development is still a matter for investigation. The higher rate of psychotic disorders and brain syndrome among the welfare children suggests a connection between impairment and inadequate prenatal care or difficulties in intrauterine development.

Mothers' symptoms and complaints.—A short list of questions about symptoms and complaints was used to determine whether the welfare mothers suffered from psychiatric impairment. These questions are highly correlated with psychiatric evaluation of impairment in 1,660 persons, randomly chosen, studied in an earlier investigation.[2]

Table 8 suggests a greater psychiatric impairment in the welfare mothers than in the low-income nonwelfare mothers in the sample as a whole. More of them said they felt *weak all over* and had periods of days, weeks, or months when they could not get going; more said they felt *apart or isolated* even among friends and had periods of *great restlessness.* (Further examination might find some immobilization and "neurasthenic" tendencies along with feelings of isolation in the welfare mothers.)

Sharp contrast exists by income in symptoms and complaints. With the exception of *feeling apart or isolated,* the low-income mothers reported each complaint in greater proportion than high-income mothers. As the welfare mothers had a much higher percentage of complaints on four of the six items, apparently they had greater psychiatric impairment than the others.

Child's relationships with his parents.—The study

Table 8. Mother's symptoms and complaints, by welfare (AFDC) and nonwelfare status

Mother's symptoms and complaints	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Feels weak all over much of the time:					
Yes	48	25	29	10	17
Periods when can't take care of things because can't get going:					
Yes–days	52	38	41	23	28
Yes–weeks	4	2	2	1	2
Periods when can't sit still (great restlessness):					
Yes	46	30	33	18	23
In general, in high, good, low, or very low spirits:					
Low or very low	20	15	16	10	12
Bothered by nevousness (irritable, fidgety, tense):					
Often	17	21	20	13	15
Feels somewhat apart even among friends (isolated, alone):					
Yes	54	31	35	30	31
N*	25	101	126	254	400

**N's may vary by one or two cases in each category.*

examined the child's relationships with his mother and with his father separately. The child's relationship with the mother was questioned more extensively, particularly on the matter of dependency (table 9).

In regard to mother-child relationship, the higher percentage of overly dependent personalities among the welfare children (table 5B) suggests that the welfare mother's economic dependency resulted in a psychological dependency she communicated to her child.

Other evidence does not strongly support the diagnostic impressions (table 9). When the mothers were asked if their children are "often dependent on them," only a slightly greater proportion of welfare (55 percent) than nonwelfare (47 percent) said "often." Other data make welfare children seem more independent than nonwelfare children. Twice as many welfare children are reported to "often stand up for their rights" (61 percent) as nonwelfare children (34 percent). Less than half as many welfare children (13 percent) "never act independently of their mother" as the low-income nonwelfare children, and fewer welfare children never express anger towards their mothers (welfare, 20 percent; nonwelfare, 38 percent). These results indicate more dependency in nonwelfare families. Perhaps their dependency is due to a more controlling family structure in nonwelfare families.

Apparently, the authority of the nonwelfare mother is not based on fear: only 18 percent of the low-income nonwelfare children *often or sometimes feared their mothers*, as contrasted with 28 percent for the welfare

Table 9. Mother-child relationship, by welfare (AFDC) and nonwelfare status

Child's relation with mother	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Depends on mother					
Often	55	47	48	40	44
Sometimes	45	48	48	54	51
Never	–	5	4	6	5
Stands up for rights with mother					
Often	61	34	38	50	47
Sometimes	22	42	39	46	43
Never	17	24	23	4	10
Acts independently of mother					
Often	22	22	22	40	35
Sometimes	65	46	50	48	47
Never	13	32	28	12	17
Expresses anger towards mother					
Often	8	3	4	16	11
Sometimes	72	59	62	72	69
Never	20	38	34	12	20
Is fearful of mother					
Often	8	3	4	–	2
Sometimes	20	15	16	17	16
Never	72	82	80	83	82
Is warm and loving with mother					
Often	68	79	77	70	72
Sometimes	32	19	27	28	27
Never	–	2	2	2	2
Fights physically with mother					
Often	–	1	1	1	1
Sometimes	–	9	7	5	6
Never	100	90	92	94	93
N*	25	101	126	254	400

**N's may vary by one or two cases in each category.*

Table 10. Father-child relationship, by welfare (AFDC) and nonwelfare status

Child's relation with father	Low-income families (under $6,500 a year)			High-income families (over $6,500 a year)	Total sample
	Welfare (AFDC)	Nonwelfare	Total		
	%	%	%	%	%
Depends on father					
Often	56	38	39	33	34
Sometimes	44	52	52	56	55
Never	–	10	9	11	10
Is warm and loving with father					
Often	50	71	68	69	69
Sometimes	43	27	29	29	29
Never	7	2	3	2	2
Is fearful of father					
Often	7	5	5	2	3
Sometimes	29	20	21	31	28
Never	64	75	74	67	69
Fights physically with father					
Often	7	–	1	1	1
Sometimes	–	7	6	5	5
Never	93	93	93	94	94
N*	14	85	99	247	362

**N's may vary by one or two cases for each category.*

group. In addition, similar proportions of other groups were reported as *often warm and loving with mother.* Tension may be present between mother and child in low-income nonwelfare families: 10 percent of the low-income nonwelfare children *fought physically (often or sometimes)* with their mothers; the rate for the welfare children in this respect was zero.

The welfare children were more dependent on their fathers than the other children, though few of them (only 9 of 25) had fathers in the home (table 10). Five of the nine *often depended* on their fathers, as compared with 38 percent of the nonwelfare children and 33 percent of the high-income children. The possibly greater dependency of the welfare children on their fathers may stem from the general instability and insecurity of the welfare family. More of the nonwelfare children were reported as *often warm and loving* with their fathers than the welfare children: 50 percent of the welfare children were *often warm and loving*; 71 percent of the low-income nonwelfare children; and 69 percent of the high-income children. In the categories indicating a disturbance in the father-child relationship—*being fearful of the father* and *fighting physically with the father*—the welfare children have the greatest impairment. Among the welfare children 7 percent were reported as *often fearful* of their fathers, as compared with 5 percent of the low-income nonwelfare children and 2 percent of the high-income children. About 7 percent of the welfare children *often fought physically with their fathers,* as compared with none of the low-income nonwelfare children and 1 percent of high-income children. When *fights physically sometimes* is added to *often,* the percentages for the three groups are, 7, 7, and 6.

Table 11 shows the average impairment risk (ridit) of children with and without fathers in welfare and nonwelfare families. The higher the ridit, the greater the average psychiatric impairment in the children. In all groups the children with fathers or father substitutes in the home had less impairment than those without fathers. The welfare children have the greatest psychiatric impairment. In fact, the welfare children without fathers show the greatest impairment of any subgroup of children (.63). They are worse off than either fatherless low-income nonwelfare children (.55) or fatherless high-income children (.55).

This finding underlies the special need for the father in the welfare home, in which many influences lead to disturbance. It supports the strong trend of professional opinion toward the belief that current welfare require-

Table 11. Total impairment rating by presence of father figure in home, in welfare (AFDC) and nonwelfare families

Total impairment	Low-income families (under $6,500 a year)						High-income families (over $6,500 a year)		Total sample	
	Welfare (AFDC)		Nonwelfare		Total					
	Father figure present	No father figure present	Father figure present	No father figure present	Father figure present	No father figure present	Father figure present	No father figure present	Father figure present	No father figure present
N	11	14	76	25	87	39	233	21	337	63
Average ridit	.59	.63	.53	.55	.53	.58	.46	.55	.49	.58

ments that reduce or exclude payments when a father or father substitute is present in the home should be changed. Combating other social problems such as unemployment and poor health that may lead the father to abandon his family in poverty is crucial in helping families because the presence of a father figure is correlated with an improved impairment rating in the child.

However, the high impairment of the welfare children even with fathers (.59) suggests that the mere presence of a father is not in itself enough to alleviate or prevent psychiatric impairment in the welfare child. The inability of the "underemployed" welfare father to provide adequate income for the family may lead to acute conflict in the family. An earlier study of psychiatric impairment in urban adults (the Midtown Study) suggests that quarrelsome homes are more impairing to children than broken homes.[3] Thus, before plans are made to restore the welfare family, the conditions of welfare must be changed. If the current structure makes the welfare father a detriment to the economic welfare of the family, something is wrong with the rules.

Effects of mother's employment.—An important variable that may affect the child's psychiatric impairment is the mother's work status (table 12). Fewer welfare mothers had paid employment (4 percent full-time, 8 percent part-time) than low-income nonwelfare mothers (29 percent full-time, 13 percent part-time) or high-income mothers (30 percent full-time, 22 percent part-time). Though the sample is small, it indicates an apparent relation between the mother's working and the child's impairment. Impairment definitely drops among the children of working mothers (.55), as compared with nonworking mothers (.62). The children of nonwelfare families show this tendency more weakly: .51 for working mothers and .55 for nonworking mothers. In the high-income group and in the sample as a whole, the children of working and nonworking mothers show no sizable difference.

The findings on the welfare group, if confirmed by the whole study, suggest that giving some of the welfare mothers education and job training and finding jobs for them could greatly help their children. It might be possible, on further examination of the data, to de-

Table 12. Total impairment rating of child in welfare (AFDC) and nonwelfare families, by employment status of mother

Total impairment rating	Low-income families (under $6,500 a year)						High-income families (over $6,500 a year)		Total sample	
	Welfare (AFDC)		Nonwelfare		Total					
	Mother working	Mother not working	Mother working	Mother not working	Mother working	Mother not working	Mother working	Mother not working	Mother working	Mother not working
% 4+	-	18	14	20	13	20	11	8	12	14
N	3	22	42	59	45	81	131	123	184	216
Average ridit	.55	.62	.51	.55	.51	.57	.47	.46	.49	.51

termine whether only the healthier welfare mothers (12 percent) were selected for jobs. If so, many of the others who are willing to be trained may not be able to find or hold jobs because of their impairment. Many others could not work unless adequate day care was available for their preschool-age children.

Conclusions

The problems and handicaps of welfare (AFDC) children do not originate in their low-income status only. The children in low-income nonwelfare families are less impaired than the welfare children in *total impairment,* a difference even more marked when specific aspects of impairment are examined. For certain aspects of impairment, however, low-income status is of primary importance. The welfare children also differ from the nonwelfare children on the basis of diagnostic impressions. They seem to have a higher incidence of serious disorders such as psychosis and appear to be more isolated, mistrustful, and anxious than the nonwelfare children.

The greater impairment and less healthy personality of the welfare children is the result of a great number of forces affecting them. An analysis of symptomatology in the mothers suggests that welfare mothers may have more psychiatric impairment than nonwelfare mothers. Also, family structure differs. Welfare children appear to be more independent of their mothers; nonwelfare mothers appear to control their children more than welfare mothers. The employment status of the welfare mother also seems to affect impairment: children of working mothers have less impairment.

Finally, the data corroborate the commonsense hypothesis that the presence of a father figure in the home is of great importance in the welfare family. Children from families including a father or father substitute are less impaired than children from families without a father figure. The presence or absence of the father, though, does not explain all conditions. The ability of the father to provide for his family and to fill adequately the role of a father may be of even more significance than his mere presence in the home. Thus, attempts to overcome dependency on welfare should not concentrate solely on providing income to families in need. They should also provide opportunities for family members to gain the self-respect and assurance they need to function effectively in society. Once eligibility and income cease to be the exclusive aims of social services, caseworkers can better perform the duties for which they were trained. This means that great changes must be made in our welfare laws and in the attitudes of legislators and the public toward the poor.

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[1] *Persons upwardly mobile tend to take on the characteristics of the group toward which they are moving. To what extent these characteristics are consciously adopted or to what extent people who move up are preselected for these characteristics is an open question. The term "anticipatory socialization" was first used by R. K. Merton and A. S. Kitt in "Contributions to the Theory of Reference Group Behavior," in R. K. Merton and P. F. Lazarsfeld, eds.,* Continuities in Social Research: Studies in the Scope and Method of the American Soldier, *New York, The Free Press of Glencoe, 1950.*

[2] *Thomas S. Langner, "A Twenty-Two Item Screening Score of Psychiatric Symptoms Indicating Impairment,"* Journal of Health and Human Behavior, *Winter 1962.*

[3] ——— *and Stanley J. Michael,* Life Stress and Mental Health, The Midtown Manhattan Study, Vol. II. New York, The Free Press of Glencoe, Macmillan Co., 1963.

PPBS and Social and Rehabiliation Services

Arthur Spindler

Social and rehabilitation programs operate in a highly challenging, rapidly changing world. Nowhere is the challenge greater to social and rehabilitation agencies than in the public's growing awareness of and impatience with the results of programs to help handicapped and disabled persons and to end poverty, deprivation, and other social ills. Nowhere is change more rapid than in the methods being developed to manage human affairs. Technological developments in the management sciences can go a long way toward helping social and rehabilitation agencies meet the challenges before them. The Planning, Programming, and Budgeting System (PPBS) now in use by the Federal Government offers such an opportunity.

The system gives order and relationship to the key functions of planning, programming, budgeting, and evaluation by focusing them on the primary goals and objectives that agencies seek, weighing alternatives and presenting the facts objectively and validly for better decision-making. These functions have long been in operation, but a distinguishing characteristic of PPBS is their integration into a unitary and systematic mechanism.

Social and rehabilitation agencies especially need a PPB System, for the administration of public programs in these fields is complex[1] and the allocation of resources to them does not provide equally for all. State and local agencies operate many diverse programs and offer a variety of services in many fields. Their operations are governed by numerous plans, laws, regulations, guidelines, manuals, and directives, and their staff members represent many professions. The people they serve often differ widely in background and in the kinds of services they are seeking. And the public, spurred by community consciousness, is pressing social agencies to fulfill physical and social needs. Given such complex conditions, the Nation urgently needs to assess the direction in which social and rehabilitation agencies are moving. In an environment of limited funds and manpower, this assessment becomes a necessity.

Mr. Spindler is program analysis officer, Office of Program Planning and Evaluation, Social and Rehabilitation Service. He is responsible for implementing PPBS in the Social and Rehabilitation Service.

Origin and general contents

PPBS was first developed by the U.S. Department of Defense[2] adopted in 1965 by the other agencies of the Executive Branch of the Federal Government by Executive Order. Briefly described, it replaces piecemeal methods of program planning, budgeting, and evaluation at successive levels of the Federal Government with a unified method. The Bureau of the Budget summarizes PPBS as follows:

> The principal objective of PPB is to improve the basis for major program decisions, both in the operating agencies and in the Executive Office of the President. To do this, it is necessary to have clear statements of what the decisions are and why they are made. Program objectives are to be identified and alternative methods of meeting those objectives are to be subjected to systematic comparison. Data are to be organized on the basis of major programs, and are to reflect future as well as current implications of decisions. As in the case of budgeting generally, PPB applies not only to current programs but to proposals for new legislation.[3]

The system requires agencies to develop a 5-year plan that describes their objectives, the program priorities to reach them, the funds needed, and program results and benefits to be sought. This plan is set forth in *Program and Financial Plan,* a document showing in tabular form comparative dollar figures and number of units representing performance results such as number of persons rehabilitated, heads of households trained and employed, and children receiving day care. The first year of the plan is the budget year for which the agency requests funds through the Federal appropriation process. Thus,

the current plan for the Executive Branch covers the fiscal years 1970 through 1974, and the plan for 1970 represents the President's budget request for the Executive Branch. Work on the 1971-75 plan is underway.

To support and explain the plan, agencies are required to prepare explanatory and analytical statements known as *Program Memorandums* for each major program category; for example, in the Department of Health, Education, and Welfare (HEW), for social and rehabilitation services or income maintenance. These memorandums, appearing as staff reports, internal memorandums, position papers, and the like, present agency objectives, identify the alternatives considered, and offer a justification of the program decisions made by agency direction to reach them.

Emphasis in PPBS is on the findings of program analyses and evaluation to buttress decisions. These findings, known as *Special Analytical Studies*, vary not only in subject matter and scope but also in the analytical methods used. They may deal with a single program component—for example, housing services to recipients of old-age assistance; or may encompass a broad range of programs that are themselves components of a common social objective—for example, rehabilitating the poor. They may require the simplest analysis of short duration or the use of a complex array of analytical research tools. Nevertheless, they have one element in common: they respond to the need for information for making decisions among alternative ways of achieving program objectives.

These three—the *Program and Financial Plan*, the *Program Memorandums*, and the *Special Analytical Studies*—are the end products of the system.[4]

PPBS in HEW

HEW adopted PPBS in fiscal year 1966 (July 1, 1965-June 30, 1966) with the development of a *Program and Financial Plan* for the 5 fiscal years, 1968-72. Program goals were identified and a *Program Structure*, that is, a grouping of programs according to objectives, was developed. The Department has modified the original *Program Structure* for the fiscal years 1968 and 1969.[5] Four major program categories, logically subdivided, were identified: education, health, social and rehabilitation services, and income maintenance. The categories applicable to the Social and Rehabilitation Service (SRS), shown on the chart on page 27, reflect the diversity and breadth of SRS's objectives for health, social, rehabilitation, and income maintenance programs.

Principles for social and rehabilitation services

A broad view of social and rehabilitation identifies several important principles of PPBS that demand change and an optimistic method of striving for improvement. The most important are these:

PPBS is a goal-oriented system. Its first and overriding requirement is for better definitions of public goals and objectives.[6] This requirement applies to the ultimate aims of social welfare and rehabilitation for adults who require social services and for children and their families. PPBS can stimulate executives to rethink goals and objectives and can help them clarify existing points of uncertainty about their relationship to other agencies and programs.

PPBS calls for a clear expression of the relationship of social and rehabilitation programs and services to program goals and objectives.[7] Within social and rehabilitation services, for instance, day care can be offered as part of rehabilitative, preventive, or collateral services. The agency's purpose in operating, and how it operates, a day care program can be determined and evaluated according to the agency's objectives. Seeing the relation of the day care program to objectives in this way is significant throughout the process of planning, programming, and budgeting.

PPBS requires more nearly complete, reliable, and valid information about the universe of unmet need for different kinds of social services.[7] Before an agency's staff can recognize needs and find ways to meet them, they must have a deep and sensitive knowledge of the social, economic, psychological, and health characteristics of different groups of people in the population, particularly the disadvantaged and the underprivileged, as well as of the nature, cause, and prognosis of these people's problems. To make this information available, public and voluntary agencies must try to mesh their information systems. If the two kinds of agencies are to continue to work as partners, avoid duplication, and effect better results, they must keep abreast of each other's activities. A high degree of cooperation is not possible unless all local agencies, as well as State and Federal agencies, join in a commitment of resources and capability to develop mutually compatible information systems.

PPBS points up the important relation of program costs to program performance.[8] Its first requirement is to obtain and apply an accurate definition of program costs to show clearly the extent of the commitment of

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A broad view of social and rehabilitation agencies identifies several important principles of PPBS that demand change and an optimistic method of striving for improvement. The most important are these:

PPBS is a goal-oriented system. Its first and overriding requirement is for better definitions of public goals and objectives.[6] This requirement applies to the ultimate aims of social welfare and rehabilitation for adults who require social services and for children and their families. PPBS can stimulate executives to rethink goals and objectives and can help them clarify existing points of uncertainty about their relationship to other agencies and programs.

PPBS calls for a clear expression of the relationship of social and rehabilitation programs and services to program goals and objectives.[7] Within social and rehabilitation services, for instance, day care can be offered as part of rehabilitative, preventive, or collateral services. The agency's purpose in operating, and how it operates, a day care program can be determined and evaluated according to the agency's objectives. Seeing the relation of the day care program to objectives in this way is significant throughout the process of planning, programming, and budgeting.

PPBS requires more nearly complete, reliable, and valid information about the universe of unmet need for different kinds of social services.[7] Before an agency's staff can recognize needs and find ways to meet them, they must have a deep and sensitive knowledge of the social, economic, psychological, and health characteristics of different groups of people in the population, particularly the disadvantaged and the underprivileged, as well as of the nature, cause, and prognosis of these people's problems. To make this information available, public and voluntary agencies must try to mesh their information systems. If the two kinds of agencies are to continue to work as partners, avoid duplication, and effect better results, they must keep abreast of each other's activities. A high degree of cooperation is not possible unless all local agencies, as well as State and Federal agencies, join in a commitment of resources and capability to develop mutually compatible information systems.

PPBS points up the important relation of program costs to program performance.[8] Its first requirement is to obtain and apply an accurate definition of program costs to show clearly the extent of the commitment of

public resources to specific goals. The element of cost is vital in the management of public agencies not only to justify requests for enlarging staffs and increasing funds but also to explain the social and economic value of programs, to project the dollar value of services and activities, and to relate cost and value to program goals in planning.

PPBS greatly relies on the identification of units of measurement that define types of services and programs and makes possible comparisons of performance and program effects among different jurisdictions at different times.[9] Once an agency has agreed on which measures to use, it can assess and analyze the contribution its services and programs make to specific goals and objectives. The work incentive (WIN) program as a prime instrument for rehabilitating parents in the Aid to Families with Dependent Children (AFDC) program is a case in point. One unit of measure of the success of the program is the number of trainees enrolled: the number is reported and studied as the program progresses in a given county or city. Another example is the number of trainees placed in a job and the number of AFDC cases closed as a result. A third measure, one that assesses the most direct program effects, is the aggregate of the trainees' weekly earnings compared with the average training cost, the actual and potential AFDC payments, and the tax revenue resulting from employment. (To these should be added a fourth—the program's value in improving the self-image of the trainee—but a way to measure such results has yet to be developed.)

PPBS also aims at providing national and regional indicators of the social status of the people to measure the extent and severity of social problems. Indicators of such facts are necessary to guide national and regional social welfare policies.[10] The many uses of such economic indicators as the Gross National Product are indicative of the gap created by our lack of a means of measuring social needs and services. We need a value scale to measure the extent and effect of poverty, the incidence of delinquency and crime, and the mental health of the Nation—to compare national and regional social and physical health. At this time, HEW's Office of the Assistant Secretary for Planning and Evaluation is directing a project to develop such measures. Its initial report on *Social Indicators* is an eloquent statement of the national need for a reliable measurement tool.[11]

PPBS emphasizes program evaluation and analysis.[12] In the social and rehabilitation fields, evaluation and analysis should point up both strong and weak points of programs and plans and present agency directors, legislators, and the public with a choice of actions that can produce the best results within the economic and manpower resources available.

Significance to State and local agencies

PPBS and its adoption by HEW are of prime significance to State and local social and rehabilitation agencies. The interdependence of national, State, and local programs requires the closest possible cooperation in planning and administration.

PPBS can best succeed at the national level with a parallel system in State and local agencies. Of course, the program structure of the Social and Rehabilitation Service need not be adopted uniformly by all jurisdictions, although a move in that direction will improve intergovernmental relations. Differences among States and communities in program responsibilities, population characteristics, the way in which social and rehabilitation agencies are organized, payment methods, and program objectives suggest caution in advising uniformity. The urgent need to have timely, reliable information on programs dovetail argues for action leading to compatible regional and national data. Such action presupposes support for building up analytical, statistical, and economic planning capability in each jurisdiction.

Much developmental work is now being done toward the adoption of PPBS by State and local jurisdictions. The George Washington University State-Local Finance Project, supported by a Ford Foundation grant, has been developing pilot programs to install PPBS in five States (California, Michigan, New York, Vermont, and Wisconsin); five counties (Dade County, Fla., Nassau County, N.Y., Davidson County, Tenn., Los Angeles County, Calif., and Wayne County, Mich.); and five cities (Dayton, Denver, Detroit, New Haven, and San Diego).[12] The project is not limited to adopting the system to human services; it is also seeking to develop and encourage the installation of governmentwide systems with adequate representation of public welfare, health, and related social programs. According to informal reports received in HEW, other cities and State jurisdictions are also discussing the adoption of the system.

The support of many professional groups is contributing to the growth of coordinated planning, programming, and budgeting throughout the country. To this end, the National Institute of Public Affairs and the U.S. Bureau of the Budget is sponsoring a 9-month course in systems analysis centered on PPBS, offered in seven universities (Carnegie-Mellon University, Uni-

versity of Chicago, Harvard University, University of Maryland, Princeton University, Stanford University, and the University of Wisconsin).

Meaning of PPBS for research

Much of what has been said so far should strike a familiar ring in members of the social research profession, for PPBS and social research are compatible and complementary. The *Program and Financial Plan, Program Memorandums,* and *Special Analytical Studies* are mirrors of the results of research programs: they reflect the findings adopted by program decision-makers that have become part of program policies and plans. At the same time, the development of program plans with common goals and objectives under PPBS, pointing up the decision-makers' order of priority, offers researchers an opportunity to pursue a planned program of research projects and studies sensitive to their needs. To illustrate, given the current emphasis on programs to improve the capability of individual persons and families for self-support through education, training, and employment, research can be an inestimable guide for program choice. The justification for choice as presented in *Program Memorandums* and *Special Analytical Studies* is strengthened and earns more confidence when supported by scientific research findings.[13]

The emphasis on these aspects of assistance in research should not discourage inquiries into other aspects seemingly less critical. We need both pragmatic and theoretical research in practically all social rehabilitation fields.

Officials who carry out PPBS responsibilities are a ready source of program information and knowledge concerning plans, policies, and costs when researchers are considering new projects, conducting fact-finding projects, or reporting results. In turn, researchers can help these officials prepare *Program Memorandums* or *Special Analytical Studies* by interpreting research findings, digesting the results of research for a specific program, and participating in joint discussions to identify program aspects where demonstration projects can be most effective. This mutuality of interest is a very striking feature of the two fields and is one that offers many dividends.

Shortcomings and problems

HEW's experience with PPBS in the social and rehabilitation fields has been very brief,[14] but Department officials have already uncovered weak points[15] that require substantial modifications and, at times, the use of unprecedented methods of planning and forecasting, budget processes, information systems, and analytical ideas. Surface solutions for specific problems in preparing the *Program and Financial Plan, Program Memorandums,* and *Special Analytical Studies* have sometimes been applied as an expediency; more remedial work is in the offing.

PPBS needs to be strengthened in at least three directions. First, program officials must acquire a new body of reliable data relating to program outlay (for example, the use of resources and the delivery of services) to program results (for example, moving severely handicapped persons toward self-care). For a long time the Department has reported on the variety and volume of services without showing the effects of services on certain groups of people or on the social or health problems to which services should be applied. Second, the cost of programs must be related to benefits and the measurement of costs and benefits built into planning and evaluation. Third, Federal and State budgets must be planned for a much longer time than now, that is, for more than 1 or 2 years. As pointed out earlier, PPBS calls for a long-range planning period and for plans directed toward the resolution of broad program objectives and goals.[16]

The problems facing HEW officials responsible for PPBS are compounded by the difficulties inherent in measuring the program performance of human service programs. These difficulties present subjects for research that should receive active support. Foremost are these: the difficulty of predicting human behavior and its effects on society and, conversely, the effects of programs on human behavior and social organizations. Less definite but equally critical is the difficulty of understanding the political, economic, and social climates that determine public policy, as expressed in legislative appropriations, and of how these affect different groups of people and social interests.

To these must be added other difficulties; for example, how to determine each program's effect on the individual person, the economy, and society, given the oft-prevailing conditions of scattered, uncoordinated services; different organizational sponsorship; inefficient or hard-pressed administration; and the wide range of interests and needs of the groups served to which programs must be responsive.[7] Another example is the need to weigh the costs and results of programs and provide each with a relative standing for their contributions toward social goals and objectives.

We also need to give attention to measuring the relative effectiveness of Federal welfare and

rehabilitation programs (which, after all, represent only a small part of the total conglomerate of such programs in the Nation).

Of overriding concern to the implementation of PPBS is the difficulty of identifying and measuring the effects of a specific program because they may not be immediately apparent or may only become apparent after a long time. This characteristic of social problems poses very complex technical and theoretical hypotheses for research concerning social systems.

Planning for social and rehabilitation services

Many aspects are taken into consideration in shaping social and rehabilitation programs—economic, social, demographic, organizational, constitutional, and the like. A model for such plans must contain a combination of each of the following aspects:

1. **Trends in population size, age, and family composition and characteristics, particularly among the poor, and the influences causing change.** (Projected demography must be examined carefully for signs of changes in the patterns of needs of the groups of persons to be served for which social and rehabilitation services are supported.)

2. **Forecasts of the economic condition of the Nation as expressed in trends of the Gross National Product; employment; business activities; and consumer-price indices.** (These will give the background essential for judging expectations of tax sources for support of social and rehabilitation programs.)

3. **The effect of changes in social insurance and other income maintenance programs on the social and rehabilitation services.** (Knowledge of plans for liberalizing or restricting the support programs provides the planner with the basis for planning service programs and adds another dimension to decisions about priorities for social and rehabilitation services.)

4. **The scope and depth of the responsibilities for providing social and rehabilitation services to physically, mentally, and socially handicapped persons. What must be determined is the most effective combination of programs and services to treat different kinds of handicaps.** (In deciding on plans and the order of priority, the planner should know what position to take to define the relative roles of private and public agencies in the delivery of services.)

5. **Program forecasts describing the variety, quantity, and quality of health and medical care programs for the poor, mothers and children, and other groups.** (These have a direct bearing on social and rehabilitation services. We need to know, for example, to what extent low rates of mental retardation among children or chronic disease among adults change the requirements for such services or the extent to which handicapped persons will be expected to overcome their handicaps and benefit from a work training program.)

6. **The respective commitment of resources to new as opposed to continuing governmentwide projects on specific aspects.** (The first is typified by the model cities program, the neighborhood service center program, and rural poverty programs; the second, by the regular statewide programs of vocational rehabilitation, child welfare, or public assistance social services.)

7. **The best mix and allocation of resources to yield the most effective results in administering programs to improve the capability of persons for self-support and independence (for example, training and employment programs) and those to improve the capability of persons and families for self-care (for example, homemaker and home management services for confined elderly persons).**

8. **The policies to be pursued in providing coordinated and continuous services to persons and families able to benefit from different kinds of social and rehabilitation programs with regard to eligibility requirements, appropriate referral processes, joint availability of staff and facilities, and the joint recording and reporting of cases.** (These are some of the mechanisms to be considered in putting such policies into effect.)

9. **The most effective combination of prevention, diagnosis, treatment, and rehabilitation services to resolve the variety of social, cultural, and economic problems that beset handicapped persons and families.** (Not all physically handicapped or mentally retarded persons require all social and rehabilitation services or, for that matter, the same type of services. Those who are socially and culturally handicapped may respond to wholly different combinations of methods and services, running from education through prevention and diagnosis to postrehabilitation counseling.)

10. **The public policy inherent in the vocational rehabilitation program or other social programs of training and education to provide Federal support for services by States and local agencies to all handicapped persons without regard to their employment potential.**

U.S. Department of Health, Education, and Welfare

Social and Rehabilitation Service

PPBS Program Structure

Income maintenance

Assistance for elderly persons
- Old age assistance

Assistance for disabled persons
- Aid to the blind
- Aid to the permanently and totally disabled

Other individual and family assistance
- Aid to families with dependent children
  - Basic program
  - Unemployed father program
- Cuban refugee program
- Assistance to repatriated U.S. citizens
- Emergency assistance

Increasing knowledge (general research)

General support
- Public assistance eligibility determination
- General support (other)

Social and rehabilitation service

Improving capacility for self-support
- Work incentive program
- Work experience and training program for unemployed heads of households

Vocational rehabilitation program for physically, mentally, and socially handicapped persons

Social services to improve capability for self-support

Services to Cuban refugees

Foster grandparent program

Improving the ability of individual persons and families to function socially
- Maintaining and strengthening family life
- Promoting the welfare of children
- Meeting other family and individual needs for social services

General development of social and rehabilitation resources
- Increasing knowledge (general research)
- Increasing the supply of SRS manpower pool

General support
- State and local administration
- Federal administration
- Administration of nonprofit and other organizations

Health

Development of health resources
- Improving the organization and delivery of health services
  - Dental care for children and young people
  - Maternity and infant care projects
  - Family planning projects
  - Other health projects for children

Prevention and control of health problems
- Mental retardation

Provision of health services
- Health services for elderly persons
  - Other medical assistance for elderly persons (MAA)
- Health services for the poor
  - Medicaid
- Other medical assistance programs
  - For the poor—medical vendor payments
- Health services for mothers and children
  - Crippled children
  - Maternal and child health
  - Other programs for mothers and children
- Other health services
- Cuban refugees

General support
- Program direction and management

(Adoption of some aspect of this policy will have a direct bearing on the future role of these programs.)

11. The Federal Government's role in promoting and sponsoring research and demonstrations in social and rehabilitation services to stimulate and provide economic support to the States, universities, and private organizations. (We need to determine what relative emphasis should be given to research on and demonstrations of direct program application and, alternatively, to research in the causes of physically, mentally, and socially handicapping conditions and the comparative value of various methods of treatment.)

12. The Federal Government's role in manpower programs for social and rehabilitation services. (In this

respect, we need answers to such questions as these: What is the most appropriate commitment of resources between programs to increase the supply of trained workers for social and rehabilitation services and programs to improve the qualification of persons in social and rehabilitation professions? What commitment should be given to the recruitment and training of nonprofessional persons or the advanced training of professional persons?)

13. The proper role of the Federal Government in its relations with State and local government agencies to strengthen and improve their ability to provide social and rehabilitation services. (We need to know the most beneficial combination of activities that should receive Federal "seed money" for demonstration and innovative projects for technical assistance, advisory services, development of performance standards, program monitoring, surveys and evaluative reports, and staff development to improve the skill of social and rehabilitation workers.)

14. The most appropriate relationship between State and local public assistance social services, child welfare, and vocational rehabilitation services. (In other words, what policies would effect the greatest coordination among these services to minimize duplication and to make better use of funds and manpower?)

THE DEPARTMENT of Health, Education, and Welfare is laying the foundation for systematic planning, programming, budgeting, and program evaluation. The substantial and positive results of the PPB System so far warrant a belief in its continued growth, relevance to, and influence for the improvement of human service programs. The need for improvement is great; the systems and methods of PPBS, if adapted successfully to overcome deficiencies and problems in the development and delivery of services, could go a long way to help meet the need.

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[1] *For an ample and accurate description of public welfare programs, including social and rehabilitation programs,* see Having the Power, We Have the Duty, *Report to the Secretary of Health, Education, and Welfare by the Advisory Council on Public Welfare, June 29, 1966. (U.S. Government Printing Office, Washington, D.C., $1.)*

[2] *For a brief, incisive description of PPBS as first used in the Department of Defense and the role of RAND in its development, see Daniel Seligman, "McNamara's Management Revolution,"* Fortune Magazine, *July 1965: and Allen Schick, "The Road to PPB: The Status of Budget Reform,"* Public Administration Review, *December 1966 (this issue contains a series of articles about the general application of PPBS).*

[3] *Bureau of the Budget Bulletin, No. 68-2,* Planning, Programming and Budgeting (PPB), *Washington, July 18, 1967.*

[4] *Bureau of the Budget Bulletin, No. 68-9,* Planning, Programming and Budgeting *(PPB), Washington, July 12, 1968.*

[5] *For instructions on how to present program plans for each program category,* see Planning-Programming-Budgeting Guidance for Program and Financial Plan. *U.S. Department of Health, Education, and Welfare, Washington, rev. February 1968.*

[6] *For a specific example of the value of defining objectives in vocational rehabilitation,* see *Monroe Berkowitz, "PPBS, State-Wide Planning and the Goals of Vocational Rehabilitation,"* Journal of the American Public Health Association, *September 1968.*

[7] See *William Gorham, "Notes of a Practitioner," in the series "PPB: Its Scope and Limits,"* The Public Interest, *Summer 1967. (Mr. Gorham was formerly Assistant Secretary for Planning and Evaluation, U.S. Department of Health, Education, and Welfare.)*

[8] *See statement of Charles L. Schultze, former Director, Bureau of the Budget, in hearings before the Subcommittee on National Security and Internal Operations of the Committee on Government Operations, U.S. Senate, 90th Congress, 1st Session, published in* Planning-Programming-Budgeting, *August 23, 1967 (U.S. Government Printing Office, Washington, 1967.)*

[9] Planning-Programming-Budgeting Guidance for Program and Financial Plan: Section G, Output Data, *U.S. Department of Health, Education, and Welfare, Washington, rev. February 1968.*

[10] See Toward a Social Report, *U.S. Department of Health, Education, and Welfare, Washington, January 11, 1969. (U.S. Government Printing Office, Washington, D.C., 55 cents.)*

[11] *For an example of one type of program evaluation,* see *the series,* Program Analysis, *Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health, Education, and Welfare, Washington. The series covers such topics as income and benefit programs (October 1966): maternal and child health programs (October 1966); and delivery of health services for the poor (December 1967). For another example,* see *Paul Therkildsen and Philip Reno, "Cost-Benefit Evaluation of the Bernalillo County Work Experience Project."* Welfare in Review, *March-April 1968.*

[12] *Selma J. Mushkin is project director. For materials prepared by the project,* see Hearings Before the Subcommittee on Economy in Government of the Joint Economic Committee: Appendix A, *90th Congress, 1st Session. (U.S. Government Printing Office, Washington, D.C., 1967.)*

[13] See *"Issues in Measuring Results of Action Programs," by Clarence C. Sherwood,* Welfare in Review, *August-September 1967.*

[14] See *testimony of former Assistant Secretary William Gorham, as reported in* Hearings Before the Subcommittee on Economy in Government of the Joint Economic Committee, *90th Congress, 1st Session. (U.S. Government Printing Office, Washington, D.C., 1967.)*

[15] *For an outsider's view of PPBS in HEW,* see *Elizabeth B. Drew, "HEW Grapples with PPBS," and Aaron Wildavsky, "The Political Economy of Efficiency,"* The Public Interest, *Summer 1967. (The latter article first appeared in* Public Administration Review, *December 1966.)*

[16] *The Bureau of the Budget now requires the agency to send its 5-year program and financial plans with its annual budget justification.* See *Bureau of the Budget Circular A-11, rev., July 14, 1967.*

Cooperative Research NOTES

The Results of Brief and Extended Casework

THE RESEARCH discussed in these notes was conducted by the Community Services Society of New York City, a nonprofit, nonsectarian social service agency. The 4-year project was partly supported by a grant (185) under the Cooperative Research and Demonstration Grants program. Ann W. Shyne and William J. Reid were project directors. A complete report of the research, under the title Brief and Extended Casework, *will be published this spring by Columbia University Press. Mr. Reid is the author of a related article, "Characteristics of Casework Intervention," published in the October 1967 issue of* Welfare in Review.

CONTRARY to the expectations of the investigators and to what most practitioners would have expected, the results of a recent experimental study of the effectiveness of contrasting patterns of casework service show that families receiving brief or short-term service had generally fared better by the time their cases were closed than families receiving extended or continued service. The research centered on families served by the Community Services Society of New York City. As a result of the requirements set by the project, the clients served were middle-income families, free of gross pathology, but with fairly well-defined problems. No family had previously received casework service from the agency. The husbands and wives were between 21 and 50 years of age, were reasonably well educated, and were persistent in seeking help with family problems.

The cases were randomly assigned to eight possible patterns of service, involving combinations of supportive or modifying methods; brief or extended service; and individual interviews or joint interviews with husbands and wives. The project defined brief or short-term service as that given in not more than eight personal interviews within 3 months of the date the case was accepted; extended or continued service as that not usually restricted by time or number of interviews, though to meet project needs this particular service did not extend beyond 18 months. Sixty families received short-term service; 60 others, continued service. Among short-term cases, the median number of interviews was eight; no family went beyond nine. The families receiving continued service averaged 18 interviews; a third had 30 or more.

Some of the data on outcome were obtained from project caseworkers, but the researchers relied mostly on interviews between trained research interviewers and husbands and wives. Three interviews were conducted: one between the time the case was accepted by the project and the time it was assigned service; another at case closing; and the third 6 months after case closing. All research interviews were taped and were independently reviewed and rated by specialists in social casework.

According to the combined assessments of the research interviewers and the review judges, 83 percent of the families assigned to short-term service had achieved constructive changes in the family situations causing problems by the conclusion of service, but only 63 percent of the families assigned to continued service had improved their situations. The caseworkers' ratings of change in families and individual clients also indicated more favorable outcomes for families receiving short-term service: 63 percent showed improvements in self-perception, as compared with 37 percent of clients receiving continued service. Even sharper differences occurred with respect to the rate of deterioration: about a third of continued-service cases, but only about 7 percent of short-term cases, showed some regression in one or more key aspects of the ability to function as individuals and as members of a family.

In discussing the implications of the research, the project directors suggest two main reasons for the apparent superiority of short-term service over long-term. The first is this: having to work within a predetermined time limit may have caused both caseworkers and clients to try harder; the other: with the short-term cases, greater emphasis may have been placed on solving immediate problems more susceptible to change; with long-term cases, emphasis may have been placed on solving "underlying problems."

The findings, they argue, suggest that greater use should be made of planned short-term service for the treatment of individual or family problems, particularly because of the cost-effectiveness advantages of short-term service. For instance, if short-term service had been used with all the cases, the agency could have served 186 families instead of the 60 that actually received short-term service. Short-term service would permit a single caseworker to work with a family from acceptance to close and could reduce the loss of cases that often follows the shifting of clients from worker to worker.

Because service patterns calling for the use of combinations of individual and joint client interviews were carried out unevenly, it was possible to examine results only for the short-term cases. With these cases the number of interviews including both husbands and wives was sufficient to yield reliable conclusions. The service outcome and the client's opinion of the service did not significantly differ when cases including individual interviews only were compared with those including individual and joint interviews. The research also showed that supportive and modifying methods were almost indistinguishable within the experiment and that no definite conclusions could be drawn about relative effectiveness.

The research directors suggest that brief treatment is particularly suited to development through research on its processes and effects. Because the time span is predictable, it is possible to study short-term treatment intensively and to rapidly obtain information on the effects. As a result, short-term treatment can be improved more expeditiously through research than continued treatment. Thus, it might be that priority should be assigned to research on variations in short-term service programs of casework treatment.

Book NOTES

The Effects of Casework With Multiproblem Families

The Multi-Problem Dilemma: A Social Research Demonstration With Multi-Problem Families, Gordon E. Brown, ed., The Scarecrow Press, Metuchen, N. J., 1968, 181 pp., $5.

IS INTENSIVE CASEWORK given by trained caseworkers more effective with multiproblem families than that normally offered by public assistance caseworkers? The question might seem rhetorical and the answer a foregone "yes," but a research demonstration project conducted in Chemung County, N.Y., several years ago found that welfare families with many severe problems given intensive casework by professional caseworkers did not significantly improve in ability to cope with their problems over similar families given only regular agency services. It is on this research project and its results that *Multi-Problem Dilemma* centers.

The book reports on the methodology used by and the findings of the Chemung County Research Demonstration With Dependent Multi-Problem Families and includes a series of papers discussing the findings. Together, they provide a history of the research project, a detailed analysis of the findings, and a discussion of the issues for social work education, casework practice, and research concerning social services.

The Chemung County project was supported by a grant under the Cooperative Research and Demonstration Grants program of the Social and Rehabilitation Service and the Social Security Administration, U.S. Department of Health, Education, and Welfare (grants 026 and 340). The State Communities Aid Association (of New York) was responsible for the research design, the direction of the project, and the analysis of the findings.

As described in the opening chapter by Gordon E. Brown, executive director, State Communities Aid Association, and in the final chapter (on methodology) by David Wallace, research director for the study, and Jessie Smith, assistant to the research director, the objective of the study was to assess the effectiveness of intensive social casework on a group of multiproblem families in contrast to the effects of normal assistance services given to a control group of similar families. The caseloads were limited to 30 cases for the intensive service; to 60 for the normal service. The intensive service was given by experienced caseworkers with the master's degree in social work, and more emphasis than usual was placed on the use of other community resources. The treatment phase covered 31 months. The research staff measured each family's ability to function before and after the service, using the St. Paul Scale of Family Functioning, developed by Ludwig L. Geismar, and the Hunt-Kogan movement scale.

The principal finding was that, although the demonstration group of families improved slightly more than the control group, its margin of progress was not statistically significant. Contrary to the general expectation of the researchers that intensive professional casework service would effectively help families make positive changes, the Chemung

Correction: The article, "The Negro Population of the United States: March 1967," in the January-February 1969 issue of *Welfare in Review* contains two errors: line 8 in table 2, page 15, should read "1967" instead of "1964" and the word "by" in the third sentence (ninth line), last paragraph, page 14, should read "from."

County study demonstrated that such services were not more effective than regular services. Although the original study design did not include an evaluation of the casework service provided by the demonstration caseworkers, the project staff had two authorities in the field of professional casework practice evaluate the services provided. In the opinion of these judges, the services were slightly below average for trained caseworkers.

To further determine why intensive service did not produce the results expected, the project staff called a seminar to study the meaning of the findings, attended by outstanding behavioral scientists, social workers, teachers, and public assistance administrators. *The Multi-Problem Dilemma* is the principal product of the seminar. Several chapters of the book were developed from the seminar discussions: the meaning for social work, by Wayne Vasey; the meaning for social casework practice, by Helen Harris Perlman; the meaning for social research, by Ludwig L. Geismar; and a view of the project as a whole, by Ellen Winston and Roland L. Warren.

As most of the contributors point out, the importance of the study is not so much in its findings as in the variety, depth, and meaning of the issues it raises. The researchers responsible for the design of the project and the analysis of the findings emphasize the point that the study did not attempt to ask or to answer the general question, Is casework effective? The findings relate only to the effectiveness of the services provided by the demonstration workers operating within the public assistance agency as measured by the instruments available for identifying improvement in a family's ability to function. Nevertheless, searching questions were discussed at the seminar about the nature of casework, what can be expected of casework with deprived families, the role of casework as a social work method, and the like. The specialists at the seminar generally accepted the research design and analysis as competent and thorough, but they raised questions about the following: the assumption that whatever a trained caseworker does makes professional casework different from services provided by public assistance workers; the classification of families as *multi-problem* on the basis of their use of certain service agencies in the community; the validity and meaning of such a classification; the absence of defined goals as a basis for improvement; and the need for better instruments to measure a family's ability to function and casework effectiveness and for a better theoretical basis for practice and research.

All contributors to the *Multi-Problem Dilemma* make this observation: casework services alone cannot compensate for the economic, social, and environmental deprivation of most recipients of public assistance (a point particularly well analyzed by Dr. Perlman). The observation caused the contributors to raise questions concerning social policy, the order of priority in social planning, and the role of the social work profession and of social work education in issues of social policy.

The Multi-Problem Dilemma is well worth reading as an illustration of evaluative research. It also provides insight into the value of interchange between researchers and social work practitioners and the scope of the issues examined as a result of adverse findings in the evaluation of casework effectiveness in public assistance.

IRENE COX
Social Science Analyst
Research Utilization and
Development Branch
Intramural Research Division

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Department of Health, Education, and Welfare

Administrative approaches to staff development in public welfare agencies, by Eleanor K. Taylor and others. 1968. 23 pp., 25 cents.

Family planning: national opportunities for action. 1968, 40 pp., 45 cents.

The Nation's youth: chart book. 1969, $1. (Forty-four charts and text, prepared by the Children's Bureau, Social and Rehabilitation Service, and the Population Reference Bureau. CB No. 460-1968.)

Population and family planning: the transition from concern to action. Report of the President's Committee on Population and Family Planning. 1968, 43 pp., 30 cents.

Toward a social report. 1969, 198 pp., 55 cents. (Suggests yardsticks for social and environmental planning.)

Using volunteers in court settings: a manual for volunteer probation programs, by Ivan H. Scheier and Leroy P. Goter. 1969, 227 pp., $1. (Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation Service. JD No. 477.)

Other Government Agencies

A decent home. President's Committee on Urban Housing. 1969, 252 pp., $2.

Housing conditions in urban poverty areas, by Allen D. Manvel. 1968, 21 pp., 35 cents.

Manpower report of the President, transmitted to the Congress January 1969. U.S. Department of Labor. 1969, 253 pp., $2.

Non-Government

Inquiries and orders should be directed to the publisher or issuing agency.

Adolescence: psychosocial perspectives, Gerald Caplan and Serge Lebovici, eds. Basic Books, 404 Park Ave. South, New York, N.Y. 10016. 1969, 412 pp., $12.50.

The age of discontinuity: guidelines to our changing society, by Peter F. Drucker. Harper and Row, 49 E. 33d St., New York, N.Y. 10016. 1969, 394 pp., $7.95.

Agenda for the Nation, Kermit Gordon, ed. Brookings Institution, 1775 Massachusetts Ave., N.W., Washington, D.C. 20036. 1968, 620 pp., $6.95. (Contains papers on domestic and foreign policy issues.)

The American serfs, by Paul Good. Putnam and Sons, 200 Madison Ave., New York, N.Y. 10016. 1968, 188 pp., $4.95. (Reports on poverty in the rural South.)

Authority in social casework, by Robert Foren and Royston Bailey. Pergamon Press, 44-01 21st St., Long Island City, New York, 11101. 1968, 310 pp., $7 (hard cover), $5.50 ("flexi-cover"). ("Marks the beginning of a new series of books on Social Work" to be published by the Pergamon Press, Oxford, England.)

Beyond the burning: life and death of the ghetto, by Sterling Tucker. Association Press, 291 Broadway, New York, N.Y. 10007. 1968, 160 pp., $2.50.

Caring for Philadelphia's needy aged: a study of the city's role in providing facilities and services for chronically ill and infirm needy persons. Pennsylvania Economy League, Liberty Trust Building, Philadelphia, Pa. 19107. 1968, 154 pp., $5.

Child protective services and the law, by Thomas T. Becker. American Humane Association, Box 1266, Denver, Colo., 80201. 1969, 24 pp., 25 cents. (Paper presented at the 94th annual forum of the National Conference on Social Welfare, San Francisco, Calif., May 30, 1968.)

Children and poverty: some sociological and psychological perspectives, Nona Y. Glazer and Carol F. Creedon, eds. Rand McNally, Box 7600, Chicago, Ill., 60680. 1968, 328 pp., $3.95.

Commitment to welfare, by Richard M. Titmuss. Pantheon Books, 437 Madison Ave., New York, N.Y. 10022. 1968, 272 pp., $6.95. (Discusses inequities in society and how social policies can benefit all sections of the population.)

Constitutional politics in the progressive era: child labor and the law, by Stephen B. Wood. University of Chicago Press, 5750 Ellis Ave., Chicago, Ill., 60637. 1968, 320 pp., $10.

The Delgado system: guidelines manual for rehabilitation center planning, Henry J. Nebe and Julius M. Villemarette, eds. Delgado Press, 615 City Park Ave., New Orleans, La. 70119. 1968, 60 pp. and appendix, $2.

The development of role-taking and communication skills in children, by John Flavell and others. Wiley and Sons, 605 Third Ave., New York, N.Y. 10016. 1968, 239 pp., $9.50.

Differential diagnosis and treatment in social work, Francis J. Turner, ed. Free Press, 60 Fifth Ave., New York, N.Y. 10011. 1968, 644 pp., $8.95.

In our time, by Paul H. Douglas. Harcourt, Brace, and World, 757 Third Ave., New York, N.Y. 10017. 1968, 228 pp., $4.95. (Expands on a series of lectures on abuses and inequities in American life, including tax loopholes, consumer credit, and poverty.)

Infant, perinatal, maternal, and childhood mortality in the United States, by Sam Shapiro and others. Harvard University Press, 79 Garden St., Cambridge, Mass. 02138. 1968, 388 pp., $7.95.

Interaction in families: an experimental study of family processes and schizophrenia, by Elliot G. Mishler and Nancy E. Waxler. Wiley and Sons, 605 Third Ave., New York, N.Y. 10016. 1968, 436 pp., $13.95.

The Kerner Commission report and economic policy, by Irving H. Siegel. W. E. Upjohn Institute for Employment Research, 300 S. Westnedge Ave., Kalamazoo, Mich. 49007. 1969. 20 pp., 25 cents. (Contains the author's statement before the Joint Economic Committee of Congress on manpower aspects of the report.)

Law and society: a sociological view, by Edwin M. Schur. Random House, 30 W. 60th St., New York, N.Y. 10023. 1968, 239 pp., $2.95.

Let's work together, by Nathan Wright, Jr. Hawthorn Books, 70 Fifth Ave., New York, N.Y. 10016. 1968, 271 pp., $4.95. (Discusses problems whites and blacks must solve separately and those calling for cooperation and unity.)

Man against poverty—World War III: a reader on the world's most crucial issues, Arthur I. Blaustein and Roger R. Woock, eds. Random House, 30 W. 60th St., New York, N.Y. 10023. 1968, 456 pp., $7.95.

The metropolitan enigma: inquiries into the nature and dimensions of America's "urban crisis," James Q. Wilson, ed. Harvard University Press, 79 Garden St., Cambridge, Mass. 02138. 1968, 392 pp., $7.75.

Minority group adolescents in the United States, by Eugene B. Brody. Williams and Wilkins, 428 E. Preston St., Baltimore, Md. 21202. 1968, 243 pp., $8.25.

The modern American city, by Christopher Tunnard. Van Nostrand Co., Princeton, N.J. 08540. 1968, 191 pp., $1.75. (Discusses the roles of architecture, technology, and social theory in shaping the American city.)

Modern social theory, by Percy S. Cohen. Basic Books, 404 Park Ave. South, New York, N.Y. 10016. 1968, 247 pp., $5.95.

The new urbanization, Scott Greer and others, eds. St. Martin's Press, 175 Fifth Ave., New York, N.Y. 10010. 1968, 384 pp., $10.

The other halves, by Hunter Daires. Stein and Day, 7 E. 48th St., New York, N.Y. 10017. 1968, 184 pp., $4.95. (Presents comprehensive interviews on the new rich and new poor.)

Preventive intervention in social work, by Ludwig L. Geismar. The Scarecrow Press, 52 Liberty St., Box 656, Metuchen, N.J. 08840. 1969, 129 pp., $4. (Reports on the results of a project supported in part by grant 190, Cooperative Research and Demonstration Grants Program, Social and Rehabilitation Service, and by National Institute of Mental Health grants 5-T1-MH7503-02,03.)

A primer on the economics of poverty, by David Hamilton. Random House, 30 W. 60th St., New York, N.Y. 10023. 1968, 133 pp., $4.95. (Relates poverty in the U.S. to economic theory and causes.)

Problems in child behavior and development, by Milton J. E. Senn and Albert J. Solnit. Lea and Febiger, 600 S. Washington St., Philadelphia, Pa. 19106. 1968, 268 pp., $8.50.

Professional social workers in public social welfare, by Lawrence Podell. Research Foundation, City University of New York, Box 605, Lenox Hill Station, New York, N.Y. 10021. 1968, 80 pp., $2.50.

Program planning for national goals, with a National Planning Association joint statement, by Gerhard Colm and Luther H. Gulick. National Planning Association, 1606 New Hampshire Ave., N.W., Washington, D.C. 20009. 1968, 26 pp., $1. (NPA Planning Pamphlet No. 125.)

Programs using medical assistance, NASBO Institute for Medical Assistance Analysis. National Association of State Budget Officers, 1313 E. 60th St., Chicago, Ill. 60637. 1968, 105 pp., $2.50. (Contains speeches made at an institute on State program planning and Title XIX of the Social Security Act.)

Radical perspectives on social problems: readings in critical sociology, Frank Lindenfeld, ed. Macmillan Co., 60 Fifth Ave., New York, N.Y. 10011. 1968, 402 pp., $4.50.

Redoing America: a nationwide report on how to make our cities and suburbs livable, by Edmund K. Faltermayer. Harper and Row, 49 E. 33d St., New York, N.Y. 10016. 1968, 242 pp., $6.95.

Social class and social policy, by S. M. Miller and Frank Riessman. Basic Books, 404 Park Ave. South, New York, N.Y. 10016. 1968, 302 pp., $7.95.

The social order of the slum: ethnicity and territory in the inner city, by Gerald D. Suttles. University of Chicago Press, 5750 Ellis Ave., Chicago, Ill. 60637. 1968, 243 pp., $8.95.

Social welfare: values, means, and ends, by Donald S. Howard. Random House, College Department, 501 Madison Ave., New York, N.Y. 10022. 1969, 467 pp., $8.50.

Sociological methodology, 1969, Edgar F. Borgatta and George W. Bohrnstedt, eds. Jossey-Bass Publishers, 615 Montgomery St., San Francisco, Calif. 94111. 1969, 302 pp., $12.50.

Urban America in the twentieth century, Milton D. Speizman, ed. Thomas Y. Crowell, 201 Park Ave. South, New York, N.Y. 10003. 1968, 228 pp., $2.25.

Who are the urban poor? by Anthony Downs. Committee for Economic Development, 711 Fifth Ave., New York, N.Y. 10022. 1968, 57 pp., $1. (CED Supplementary Paper No. 26.)

Program and Operating Statistics

Public Assistance in October and November 1968

October

IN OCTOBER 1968, 9.4 million persons received payments under six public assistance programs—54,000 more than in September 1968. This rise largely reflected an increase of 81,400 in aid to families with dependent children (AFDC), for which the number of recipients increased for the fourth consecutive month. Increases also occurred in the numbers of recipients of aid to the permanently and totally disabled (APTD)—7,000—and old-age assistance (OAA)—4,300. The caseload for aid to the blind (AB) changed little from September to October.

In general assistance (GA) the national decrease of 38,500 in the number of persons aided centered in Michigan (35,500) and Illinois (7,500). Michigan's decrease occurred primarily because in September general assistance funds had been used in Wayne County to provide clothing for schoolchildren in more than 10,000 AFDC families. In the unemployed-parent segment of AFDC, the downward movement—uninterrupted since last March—continued, with a drop of 8,600 nationally in the number of recipients. In contrast, another substantial increase—90,000—occurred in the basic program comprised of families in need for reasons other than unemployment of a parent.

The number of families aided under the unemployed-parent segment of AFDC in October 1968 was 2,200 (3.8 percent) below the number in October 1967. Improvements in economic conditions, especially in employment, undoubtedly contributed the main impetus to the reduction. Over the 12-month period, the total number of unemployed persons in the labor force decreased by 485,000 (14.5 percent); the unemployment rate dropped from 4.3 percent to 3.6 percent. In the basic AFDC program, the number of families assisted in October 1968 was greater by 215,000 (17.9 percent) than a year earlier. Under APTD there were 8.6 percent more recipients than in October 1967; under GA, 8.7 percent more. For OAA and AB there were 2.1 percent fewer recipients in October 1968 than in the same month in 1967.

Total payments for assistance, including vendor payments for medical care, rose by $36.6 million to $858.0 million. Vendor payments for medical care increased by $27.8 million, including increases in medical assistance programs under title XIX of $10.0 million in California, $4.9 million in Illinois, and $4.7 million in New York. Nationally, money payments to recipients rose in each of the federally aided programs. The greatest increase was $7.3 million in AFDC; California, Illinois, and New York accounted for more than two-thirds of this amount.

Connecticut liberalized its assistance standards under all programs. As a result, average payments per recipient rose $2-$10. Colorado raised the maximum OAA payment from $124 to $126 to reflect higher living costs; as a result, the average payment per recipient increased by nearly $2.

November

MORE THAN 9.5 million persons received public assistance money payments in November 1968—an increase of 72,000 over the number in October 1968. Most of the increase—about 66,000—occurred in aid to families with dependent children (AFDC), including a rise of 2,700 in the number of recipients in the unemployed-parent segment of the program. Other increases occurred in aid to the permanently and totally disabled (APTD)—5,200—and general assistance (GA)—1,800. Small decreases were reported in the number of persons receiving old-age assistance (OAA)—500—and aid to the blind (AB)—50.

Recipients of AFDC numbered 5,948,000 in November 1968, about 741,000, or 14 percent, above the number for November of the previous year. All but three States aided more people under the program than in November 1967. New York, with an increase of 157,000, and California, with an increase of 111,000, had the largest numerical increases

and accounted for 36 percent of the national increase. The largest percentage increases—25 percent or more—occurred in seven other States, including five States required to add cases as a result of a recent Supreme Court decision.[1] Altogether, the annual increase in these five States was 144,000 and accounted for 19 percent of the annual rise in the national total; by estimate, at least three-fifths of this increase reflects the effect of the court decision.

The number of APTD recipients rose by 56,000, or 8.7 percent, over the 12 months ended in November 1968. All but eight States had more recipients than in November of the previous year. As in AFDC, the two most populous States, California and New York, had the largest numerical increases, accounting for 22,000 or 39 percent, of the total. States with the largest percentage increase were Texas (42 percent), Indiana (32 percent), and New Mexico (30 percent). Despite this growth, the proportion of the total population receiving APTD in Indiana and Texas remained well below average. In GA the number of persons aided in all States rose by 43,000, or 5.7 percent, from the year before, reflecting increases in two of every three States.

Decreases in the numbers of recipients occurred over the year in OAA—2.4 percent—and in AB—2.1 percent. About half the drop of 49,000 in OAA and roughly a third of the decrease of 1,800 in AB resulted from case closures following the increase in cash benefits under old-age, survivors, disability, and health insurance (an increase authorized in the 1967 Amendments to the Social Security Act and first payable in March 1968).

Total expenditures for money payments in November were almost $486 million, down by $1 million from October and up from $49 million, or 11.3 percent, from November 1967. Payments to intermediate care facilities totaled almost $2 million. Payments for medical assistance were $374.8 million, bringing the total for all public assistance payments for the month to $862.4 million—$3.5 million above payments in October and $144.8 million above those in November 1967.

In November the national average money payment per recipient under each program was less than that reported in October 1968. Compared with November of the year before, however, average payments were up by $5.60 per recipient in GA and from $1.40 to $2.40 per recipient in AB, APTD, and AFDC. For OAA the average payment per recipient was lower by $1.10 than in November 1967, reflecting, in part, the increase in social insurance benefits effective in March 1968. Increases in average monthly payments accounted for $17.9 million—about 35 percent—of the total increase in monthly maintenance payments made in November 1968 as compared with November of the year before.

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[1] *Under some State plans children were found ineligible when a man not their father was living in the home, on the grounds that the man was a substitute parent. The Supreme Court decision stated that eligibility for assistance must be based solely on the status of the natural or adoptive parent.*

Table 1. Amount of public assistance payments in the United States, by month, October 1967-October 1968[1]

Year and month	Total	Maintenance assistance								Medical assistance 2/					
		Total	Money payments to recipients 3/						Payments to intermediate care facilities 5/	Total	Federally aided programs				
			Federally aided programs					General assistance 4/			Total	Medical assistance (Title XIX)	Medical assistance for the aged (Titles I and XVI)	Other 6/	General assistance 4/
			Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children								
	Amount of assistance (In thousands)														
1967															
October	$705,942	$432,664	$403,477	$143,640	$7,400	$50,576	$201,861	$29,187	---	$273,278	$269,134	$249,788	$5,013	$14,333	$4,143
November	717,664	436,611	407,068	144,588	7,406	51,125	203,949	29,543	---	281,053	276,471	258,164	5,151	13,156	4,579
December	713,589	445,526	414,690	145,425	7,475	52,054	209,736	30,836	---	268,063	263,375	244,875	4,920	13,580	4,688
1968															
January	760,781	454,739	422,104	145,603	7,505	52,689	216,307	32,635	---	306,042	301,967	282,784	5,508	13,675	4,075
February	742,835	455,226	423,011	144,748	7,436	52,828	217,999	32,215	---	287,609	282,608	263,304	5,460	13,844	5,001
March	774,531	455,621	422,857	140,385	7,374	52,696	222,402	32,764	---	318,910	314,769	295,218	5,388	14,163	4,139
April	844,178	457,290	424,484	136,733	7,345	53,313	227,093	32,806	---	386,888	381,757	362,115	5,332	14,310	5,131
May	797,755	461,177	427,896	136,661	7,375	53,802	230,058	33,281	---	336,578	331,527	311,237	5,675	14,615	5,051
June	815,705	466,048	433,121	136,756	7,388	54,301	234,676	32,927	---	349,657	344,890	324,609	5,480	14,801	4,767
July	801,767	473,433	437,881	137,957	7,408	55,014	237,502	35,233	$319	328,334	323,513	303,789	5,961	13,763	4,821
August 7/	841,427	500,804	459,886	139,306	7,437	56,146	256,997	39,682	1,236	340,623	335,698	315,782	5,381	14,535	4,923
September	821,404	479,956	440,988	138,091	7,364	55,591	239,942	37,342	1,626	341,449	336,018	316,311	5,525	14,182	5,432
October	857,959	488,709	450,662	139,332	7,396	56,694	247,240	36,250	1,796	369,250	364,293	344,132	5,678	14,484	4,957
	Percentage change from preceding month														
1967															
October	+4.9	+2.2	+2.2	+1.4	+0.5	+1.9	+2.8	+3.0	---	+9.5	+9.9	+11.8	-3.1	-11.7	-12.7
November	+1.7	+.9	+.9	+.7	+.1	+1.1	+1.0	+1.2	---	+2.8	+2.7	+3.4	+2.8	-8.2	+10.5
December	-.6	+2.0	+1.9	+.6	+.9	+1.8	+2.8	+4.4	---	-4.6	-4.7	-5.1	-4.5	+3.2	+2.4
1968															
January	+6.6	+2.1	+1.8	+.1	+.4	+1.2	+3.1	+5.8	---	+14.2	+14.7	+15.5	+12.0	+.7	-13.1
February	-2.4	+.1	+.2	-.6	-.9	+.3	+.8	-1.3	---	-6.0	-6.4	-6.9	-.9	+1.2	+22.7
March	+4.3	+.1	(8/)	-3.0	-.8	-.3	+2.0	+1.7	---	+10.9	+11.4	+12.1	-1.3	+2.3	-17.2
April	+9.0	+.4	+.4	-2.6	-.4	+1.2	+2.1	+.1	---	+21.3	+21.3	+22.7	-1.0	+1.0	+24.0
May	-5.5	+.8	+.8	-.1	+.4	+.9	+1.3	+1.4	---	-13.0	-13.2	-14.1	+6.4	+2.1	-1.6
June	+2.2	+1.1	+1.2	+.1	+.2	+.9	+2.0	-1.1	---	+3.9	+4.0	+4.3	-3.4	+1.3	-5.6
July	-1.7	+1.6	+1.1	+.9	+.3	+1.3	+1.2	+6.9	---	-6.1	-6.2	-6.4	+8.8	-7.0	+1.1
August 7/	+2.5	+1.4	+1.1	(9/)	-.3	+.7	+1.7	+3.1	+287.7	+4.0	+4.0	+3.9	-9.7	+5.6	+2.1
September	(9/)	-.1	-.4	-.1	-.3	+.1	-.7	+2.8	+31.5	+.2	+.1	+.2	+2.7	-2.4	+10.3
October	+4.5	+1.8	+2.2	+.9	+.4	+2.0	+3.0	-2.9	+10.5	+8.1	+8.4	+8.8	+2.8	+2.1	-8.7
	Percentage change from same month of preceding year														
1968															
October	+21.5	+13.0	+11.7	-3.0	(8/)	+12.1	+22.5	+24.3	---	+35.1	+35.4	+37.8	+13.3	+1.1	+19.6

1/ All data subject to revision.
2/ Amounts represent primarily bills paid to medical vendors during the month and therefore are subject to fluctuations unrelated to provision of medical services.
3/ Includes nonmedical vendor payments other than those for institutional services in intermediate care facilities.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available. Percentage changes based on comparable data.
5/ Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
6/ Data represent payments to medical vendors under maintenance assistance programs operated under State plans approved under titles I, IX, X, XIV, or XVI.
7/ Amounts for money payments include a special grant of $25.00 per person (aggregating $20,500,000) issued quarterly in New York City. Percentage changes based on data excluding this amount.
8/ Decrease of less than 0.05 percent.
9/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance maintenance payments in the

Table 2. Number of recipients of public assistance maintenance payments in the United States by month, October 1967-October 1968[1]

Year and month	Recipients of money payments 2/										Recipients of institutional services in intermediate care facilities 3/
	Federally aided programs								General assistance 4/		
	Total	Adult programs				Aid to families with dependent children					
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Families	Total recipients 5/	Children	Cases	Recipients	
	Number of recipients (In thousands)										
1967											
October	7,937	2,788	2,070	82.8	636	1,258	5,148	3,871	335	736	---
November	8,004	2,797	2,074	82.8	640	1,273	5,207	3,907	342	758	---
December	8,111	2,802	2,073	82.7	646	1,297	5,309	3,986	352	782	---
1968											
January	8,238	2,804	2,070	82.5	651	1,327	5,442	4,080	365	817	---
February	8,316	2,796	2,060	82.3	654	1,346	5,520	4,132	363	798	---
March	8,369	2,782	2,044	81.7	656	1,365	5,587	4,180	365	792	---
April	8,381	2,769	2,028	81.4	660	1,374	5,612	4,203	360	762	---
May	8,385	2,770	2,023	81.2	666	1,380	5,615	4,209	358	749	---
June	8,379	2,770	2,019	81.2	670	1,383	5,609	4,207	356	737	---
July	8,410	2,774	2,019	81.0	674	1,397	5,636	4,229	367	768	2.6
August	8,490	2,783	2,022	81.0	680	1,420	5,707	4,275	375	784	7.6
September	8,587	2,786	2,021	81.1	684	1,443	5,801	4,351	384	838	10.5
October	8,680	2,798	2,026	81.1	691	1,471	5,882	4,408	382	800	10.9
	Percentage change from preceding month										
1967											
October	+0.7	+0.4	+0.2	0	+1.0	+1.1	+0.9	+0.9	+0.7	+0.8	---
November	+.8	+.3	+.2	0	+.7	+1.2	+1.1	+.9	+1.9	+3.1	---
December	+1.3	+.2	-.1	-0.2	+.8	+1.9	+2.0	+2.0	+3.0	+3.2	---
1968											
January	+1.6	+.1	-.1	-.2	+.7	+2.2	+2.4	+2.2	+3.7	+4.5	---
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.6	+1.4	-.3	-2.3	---
March	+.6	-.5	-.8	-.8	+.4	+1.4	+1.2	+1.2	+.6	-.7	---
April	+.1	-.5	-.8	-.4	+.5	+.7	+.4	+.5	-1.5	-3.8	---
May	(6/)	(6/)	-.3	-.2	+.9	+.4	+.1	+.1	-.3	-1.7	---
June	-.1	0	-.2	0	+.6	+.2	-.1	(7/)	-.8	-1.6	---
July	+.3	+.2	0	-.2	+.6	+1.0	+.4	+.5	+3.8	+4.8	---
August	+.9	+.3	+.1	0	+.9	+1.6	+1.2	+1.1	+2.2	+2.1	+194.6
September	+1.1	+.1	(7/)	(6/)	+.6	+1.7	+1.7	+1.8	+2.4	+6.9	+38.2
October	+1.1	+.4	+.2	0	+1.0	+1.9	+1.4	+1.3	-.4	-4.6	+3.9
	Percentage change from same month of preceding year										
1968											
October	+9.4	+.4	-2.1	-2.1	+8.6	+16.9	+14.3	+13.9	+14.0	+8.7	---

1/ All data subject to revision.
2/ Includes recipients of nonmedical vendor payments other than those for institutional services in intermediate care facilities.
3/ Includes recipients of OAA, AB or APTD for whom such payments are subject to Federal financial participation under approved States plan under titles I, X, XIV, or XVI and a few AFDC or GA recipients for whom such payments are made without Federal participation.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available.
5/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
6/ Increase of less than 0.05 percent.
7/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients of money payments and amount of payments, by State, October 1968[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1968 in--		October 1967 in--	
				Number	Amount	Number	Amount
Total 2/....	2,026,000	$139,332,000	$68.80	+0.2	+0.9	-2.1	-3.0
Ala.....	114,000	7,080,000	62.15	+.3	+.2	-.2	+3.2
Alaska 3/.....	1,400	119,000	82.45	-.7	+.4	+3.5	+18.1
Ariz.....	12,700	665,000	52.30	-1.4	-1.5	-1.7	-9.3
Ark. 3/.....	61,500	3,348,000	54.45	-.2	-.4	-5.7	-13.8
Calif.....	299,000	30,351,000	101.60	+.8	+1.4	+2.3	+1.6
Colo. 2/.....	38,500	3,040,000	79.05	-.1	+2.2	-5.6	-8.0
Conn.....	7,500	653,000	87.00	+1.1	+3.8	+3.3	+13.1
Del.....	1,900	113,000	59.55	+1.4	+.7	+6.1	-1.5
D. C.....	2,500	179,000	72.30	+2.7	+1.6	+8.3	+6.7
Fla. 3/.....	70,500	3,452,000	49.00	(4/)	(5/)	-7.8	-9.3
Ga. 3/.....	89,400	4,615,000	51.60	+.4	+.2	-6.7	-6.2
Guam.....	250	12,900	52.45	+1.7	+2.4	+26.8	+28.8
Hawaii 3/.....	2,000	175,000	89.50	+1.9	+7.7	+10.4	+24.7
Idaho.....	3,400	217,000	63.80	-.8	-.9	-9.1	-13.2
Ill. 3/.....	37,600	2,425,000	64.55	+.1	+6.7	-3.5	-5.0
Ind.....	17,400	815,000	46.75	-.3	-.3	-10.3	-11.6
Iowa.....	23,200	2,371,000	102.15	-.8	-.5	-4.9	-6.4
Kans. 3/.....	13,800	835,000	60.35	-3.8	-9.4	-20.3	-44.0
Ky. 3/.....	61,200	3,251,000	53.15	+.2	(4/)	-.2	-6.2
La.....	122,000	8,473,000	69.65	-.7	-.3	-2.6	-7.5
Maine 3/.....	10,100	550,000	54.50	+.1	+.6	-1.6	+.2
Md. 3/.....	7,700	474,000	61.40	+.5	+1.1	-2.4	-2.2
Mass.....	48,900	4,477,000	91.45	+.6	+5.2	-.7	+10.6
Mich.....	37,800	2,607,000	69.05	-.2	+.2	-5.2	-4.9
Minn.....	23,500	1,510,000	64.15	-.5	+.5	-8.2	-9.8
Miss.....	70,800	2,537,000	35.85	-.1	-.3	-6.7	-13.5
Mo.....	91,500	6,619,000	72.35	-.1	-.1	+3.6	+9.5
Mont.....	3,700	232,000	63.50	-.9	-.8	-6.5	-8.3
Nebr. 3/.....	8,200	472,000	57.80	-.6	-.2	-6.6	-7.0
Nev.....	2,600	196,000	74.95	+.2	+.7	+1.9	+5.9
N. H.....	4,200	482,000	115.45	+.1	+.7	-.1	-7.8
N. J.....	14,100	1,037,000	73.40	+.3	-.4	+1.3	-1.1
N. Mex. 3/.....	9,600	519,000	54.15	-.3	-.3	-.8	-6.2
N. Y. 3/.....	79,900	7,595,000	95.10	+2.2	+7.0	+10.3	+14.4
N. C.....	37,600	2,562,000	68.20	+.2	+.6	-5.2	+1.8
N. Dak 3/.....	4,100	316,000	76.45	+.6	+.4	-5.0	-9.5
Ohio.....	61,600	3,628,000	58.90	+.5	-1.8	-7.0	-16.5
Okla. 3/.....	77,000	5,485,000	71.20	-.1	-.2	-4.3	-8.2
Oreg.....	8,100	404,000	49.55	+1.7	+1.1	-13.5	-29.9
Pa.....	42,900	3,019,000	70.35	+.8	+.3	-3.4	-9.7
P. R. 3/.....	21,700	228,000	10.50	-.3	-.1	-9.1	+8.5
R. I. 3/.....	4,200	187,000	44.35	(5/)	+1.3	-5.8	-31.9
S. C.....	19,500	874,000	44.90	-.5	-.5	-11.8	-4.0
S. Dak.....	4,800	293,000	61.15	-.9	-1.7	-13.4	-16.1
Tenn.....	49,000	2,470,000	50.35	+.5	+.2	-.5	-4.6
Tex.....	230,000	13,853,000	60.20	+.2	+.3	+1.0	-2.9
Utah.....	4,500	198,000	44.00	+.5	-.3	(4/)	-25.4
Vt. 3/.....	4,300	298,000	69.65	+.2	+1.0	+.8	-1.2
V. I.....	380	14,600	38.75	0	+1.3	-4.6	-3.8
Va.....	10,900	619,000	56.75	+.4	+.8	-3.0	-.6
Wash.....	23,700	1,480,000	62.40	-.9	-2.0	-9.3	-16.6
W. Va.....	11,300	721,000	63.90	+.2	+1.0	-4.8	+4.7
Wis.....	16,200	1,029,000	63.65	-.2	+.4	-4.6	-5.1
Wyo.....	2,000	158,000	78.75	-.7	-.4	+.5	+19.9

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes 3,600 recipients aged 60-64 in Colorado and payments or $339,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Decrease of less than 0.05 percent.
5/ Increase of less than 0.05 percent.

Table 4. Aid to the blind: Recipients of money payments and amount of payments, by State, October 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1968 in--		October 1967 in--	
				Number	Amount	Number	Amount
Total 2/ 3/.....	81,100	$7,396,000	$91.25	(4/)	+0.4	-2.1	(4/)
Ala.....	1,900	135,000	70.10	+0.9	+.6	+3.9	+3.1
Alaska 5/.....	89	10,000	112.55	(6/)	(6/)	(6/)	(6/)
Ariz.....	620	44,200	71.70	-1.8	-1.6	-11.2	-10.2
Ark. 5/.....	1,800	125,000	68.70	-.3	-.6	-6.1	-8.7
Calif. 2/.....	12,600	1,764,000	139.90	(7/)	+.9	+1.1	+5.8
Colo.....	210	15,100	73.30	0	-1.0	-1.9	+1.2
Conn.....	240	21,300	88.65	-1.2	+1.5	-8.0	+3.0
Del.....	360	32,000	90.05	+.6	+.5	+2.6	+8.8
D. C.....	190	15,900	83.70	-.5	-1.2	-1.0	-5.5
Fla. 5/.....	2,400	154,000	64.10	-.6	-1.0	-6.1	-5.9
Ga. 5/.....	3,200	197,000	62.55	-.1	-.3	-.4	+.7
Guam.....	6	330	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 5/.....	74	8,500	114.70	(6/)	(6/)	(6/)	(6/)
Idaho.....	110	8,600	78.30	0	+3.4	-.9	-.7
Ill. 5/.....	1,800	149,000	84.25	0	+5.3	-5.4	-2.1
Ind.....	1,400	93,000	64.60	+.1	-.1	-6.5	-7.2
Iowa.....	1,000	113,000	107.80	-.5	-.1	-.7	-.6
Kans. 5/.....	380	27,000	70.80	-1.3	-8.5	-5.7	-25.8
Ky. 5/.....	2,600	184,000	70.55	-.4	-.2	+1.4	+1.1
La.....	2,400	185,000	76.30	-1.2	-1.5	-4.3	-4.7
Maine 5/.....	210	16,100	77.25	+.5	+1.7	-6.3	-.7
Md. 5/.....	340	28,500	83.10	0	+.8	+1.5	+.9
Mass.....	2,700	312,000	117.05	+2.6	-.3	+12.9	+8.6
Mich.....	1,400	128,000	90.30	-.4	(4/)	-2.6	+3.3
Minn.....	810	64,300	79.65	+.6	-.4	-3.2	-5.4
Miss.....	2,300	102,000	44.80	0	-1.0	-7.2	-9.6
Mo. 2/.....	3,900	336,000	87.00	-.4	(4/)	-1.8	+6.8
Mont.....	160	13,400	81.60	0	+1.2	-6.3	-3.5
Nebr. 5/.....	360	30,400	85.55	-.8	-.2	-5.1	+.8
Nev.....	160	15,900	97.70	+2.5	+1.4	+9.4	+25.3
N. H.....	240	26,500	112.90	+2.2	+2.4	-4.9	-13.7
N. J.....	890	82,100	92.35	-.4	+1.1	-2.2	-1.4
N. Mex. 5/.....	380	27,500	72.90	0	-.5	+3.6	+.8
N. Y. 5/.....	3,200	384,000	118.45	-.1	+3.1	+3.2	+10.0
N. C.....	4,600	370,000	79.90	-.2	+.2	-1.2	+3.0
N. Dak. 5/.....	84	7,100	84.65	(6/)	(6/)	(6/)	(6/)
Ohio.....	2,800	203,000	72.65	+.3	+.2	-3.5	-4.1
Okla. 5/.....	1,500	150,000	103.20	-.2	-.7	-5.4	-6.4
Oreg.....	520	44,000	85.05	+3.4	+2.4	+1.8	-6.4
Pa. 3/.....	9,200	994,000	107.55	-.2	+.4	-6.5	-8.4
P. R. 5/.....	780	8,200	10.50	+.3	+.4	-21.8	-8.1
R. I. 5/.....	120	7,300	63.40	+1.8	+.4	+1.8	-19.4
S. C.....	1,900	109,000	57.55	+.6	+.6	-1.2	+3.1
S. Dak.....	110	9,800	86.70	-.9	+1.4	-1.7	+2.6
Tenn.....	1,800	121,000	66.90	+.6	-.1	-1.1	-2.4
Tex.....	4,200	302,000	72.70	+.1	+.2	-1.4	-4.4
Utah.....	150	8,200	55.70	+1.4	+3.5	+5.0	-10.8
Vt. 5/.....	110	9,500	88.40	0	+.9	0	+8.9
V. I.....	9	360	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,100	82,100	76.15	-.4	+1.0	-3.1	-.5
Wash.....	470	40,700	86.70	-1.5	-1.7	-5.8	-5.3
W. Va.....	580	33,800	57.85	-.8	+.2	-6.5	-4.0
Wis.....	590	47,300	80.20	+.7	+.8	-1.8	-4.8
Wyo.....	40	3,000	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $29,700 to 180 recipients and Missouri, $60,900 to 680 recipients.
3/ Does not include $585,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State Law without Federal participation.
4/ Decrease of less than 0.05 percent.
5/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Increase of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients of money payments and amount of payments, by State, October 1968[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	September 1968 in--		October 1967 in--	
				Number	Amount	Number	Amount
Total.....	691,000	$56,694,000	$82.05	+1.0	+2.0	+8.6	+12.1
Ala.....	16,200	808,000	49.75	+.7	+.7	+4.9	+14.5
Alaska 2/....	510	53,800	105.75	+4.1	+6.8	+32.9	+83.1
Ariz.....	6,000	396,000	65.70	-1.2	-1.1	+3.8	+2.4
Ark. 2/.....	11,500	701,000	61.20	-.1	-.4	-.8	-4.8
Calif.....	130,000	15,510,000	119.65	+1.4	+2.3	+12.1	+15.1
Colo.....	7,500	509,000	68.10	+1.3	+1.8	+7.3	+14.5
Conn.....	5,500	593,000	108.35	+1.2	+11.2	+14.8	+31.2
Del.....	1,100	105,000	92.85	+.1	+1.5	+19.9	+19.4
D. C.....	4,500	386,000	85.80	+1.4	+1.5	+9.1	+8.5
Fla. 2/.....	20,500	1,257,000	61.25	+.3	+.4	-3.0	-2.0
Ga. 2/.....	29,700	1,815,000	61.15	+.1	(3/)	+3.4	+5.2
Guam.....	48	2,800	(4/)	(4/)	(4/)	(4/)	(4/)
Hawaii 2/....	1,600	190,000	117.25	+1.4	+7.5	+10.4	+21.1
Idaho.....	2,700	204,000	75.55	-.5	+.1	+4.8	+6.4
Ill. 2/.....	34,400	2,940,000	85.40	+.8	+3.6	+10.2	+15.1
Ind.....	3,500	179,000	51.00	+2.7	+3.0	+33.4	+41.7
Iowa.....	2,500	317,000	129.35	+.9	+.8	+19.3	+21.1
Kans. 2/.....	5,200	353,000	68.05	-.3	-7.7	-7.9	-43.7
Ky. 2/.....	16,000	1,125,000	70.45	+.8	+.9	+11.3	+11.5
La.....	22,300	1,189,000	53.25	-1.5	-1.2	-1.3	+.2
Maine 2/.....	2,800	216,000	76.85	+1.7	+2.0	+11.9	+16.7
Md. 2/.....	14,100	1,122,000	79.35	+1.2	+1.5	+23.5	+26.7
Mass.....	15,100	1,624,000	107.75	+.8	+5.7	+8.2	+27.3
Mich.....	20,400	1,814,000	89.05	+1.1	+1.7	+17.5	+25.3
Minn.....	8,700	728,000	83.75	+.9	+1.9	+11.9	+20.0
Miss.....	21,600	957,000	44.30	+.2	+.1	-2.1	-5.7
Mo.....	17,500	1,291,000	73.95	(3/)	+.1	+4.1	+5.2
Mont.....	1,700	130,000	77.30	+.9	+1.7	+16.9	+16.7
Nebr. 2/.....	3,400	232,000	68.10	+.1	-1.7	+4.6	+6.1
N. H.....	700	72,800	103.85	+1.2	+1.9	+.1	-2.9
N. J.....	10,200	944,000	92.30	+1.0	+1.4	+8.4	+12.8
N. Mex. 2/...	6,500	448,000	68.95	+3.6	+3.9	+31.0	+28.8
N. Y. 2/.....	45,100	4,833,000	107.10	+3.0	+5.6	+15.9	+23.5
N. C.....	23,900	1,743,000	72.85	+.5	+.8	+2.8	+9.4
N. Dak. 2/...	1,900	165,000	86.30	-.2	(3/)	+5.9	+7.8
Ohio.....	25,900	1,868,000	72.15	+1.4	+1.3	+18.0	+14.7
Okla. 2/.....	19,500	1,833,000	94.15	+.6	+.4	-2.2	-2.7
Oreg.....	5,100	368,000	72.35	+1.5	+.6	-1.9	-11.7
Pa.....	26,200	1,910,000	72.85	+1.4	+1.4	+1.1	+.3
P. R. 2/.....	12,700	134,000	10.55	+.7	+.9	-.3	+22.4
R. I. 2/.....	3,500	255,000	72.35	-.3	-.4	+8.4	-2.8
S. C.....	9,200	471,000	51.30	+.9	+.9	-1.7	+3.9
S. Dak.....	1,300	88,000	65.25	0	-.9	+2.7	+3.9
Tenn.....	19,300	1,266,000	65.50	+1.1	+1.2	+13.4	+12.9
Tex.....	17,000	1,038,000	60.95	+3.6	+3.3	+42.0	+32.5
Utah.....	4,200	231,000	55.10	+2.7	+2.1	+18.1	+4.7
Vt. 2/.....	1,600	135,000	85.45	+1.5	+2.6	+16.1	+19.7
V. I.....	66	2,700	40.75	(4/)	(4/)	(4/)	(4/)
Va.....	7,100	487,000	68.15	+.9	+1.7	+.7	+5.1
Wash.....	10,600	848,000	79.70	+.6	-.3	+8.0	+12.2
W. Va.....	6,300	352,000	55.55	+.8	+.6	+5.5	+8.7
Wis.....	6,000	394,000	66.05	+.3	+.4	+21.6	+28.3
Wyo.....	830	60,300	72.50	+.6	+1.2	+5.6	+9.0

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Increase of less than 0.05 percent.
4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to families with dependent children: Recipients of money payments and amount of payments, by State, October 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		September 1968 in--		October 1967 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,471,000	5,882,000	4,408,000	$247,240,000	$168.10	$42.05	+1.4	+3.0	+14.3	+22.5
Ala.....	23,400	98,400	78,400	1,504,000	64.15	15.30	+2.1	+2.3	+35.1	+60.9
Alaska.....	1,600	5,900	4,500	281,000	170.30	47.85	+1.3	+2.4	+17.2	+60.6
Ariz.....	10,100	42,700	32,600	1,204,000	119.35	28.20	-2.5	-4.0	+.2	-.7
Ark.....	9,600	39,200	29,600	755,000	78.70	19.25	+.6	-1.6	+3.5	+2.1
Calif. 3/.....	223,000	853,000	619,000	40,906,000	183.55	47.95	+1.6	+1.8	+14.3	+21.4
Colo. 3/.....	14,600	54,700	41,800	2,194,000	150.30	40.10	-.4	-.5	+1.9	+8.2
Conn. 3/.....	18,300	70,300	52,300	4,495,000	246.25	63.95	+1.5	+8.2	+19.0	+39.4
Del. 3/.....	4,400	17,500	13,300	568,000	129.30	32.40	+.5	+.6	+11.0	+11.8
D. C.....	6,300	28,600	22,900	1,136,000	179.25	39.65	+2.5	+3.2	+15.1	+18.8
Fla.....	42,700	168,000	133,000	3,744,000	87.60	22.30	+2.7	+4.1	+13.3	+64.6
Ga.....	33,200	131,000	100,000	3,209,000	96.75	24.55	+4.5	+4.0	+29.8	+25.5
Guam.....	240	1,300	1,100	47,400	194.40	37.60	+11.8	+19.1	+50.2	+54.6
Hawaii 3/.....	5,000	20,700	15,200	981,000	194.75	47.45	+2.0	(4/)	+5.7	+15.2
Idaho.....	3,200	12,100	8,700	580,000	178.60	48.05	-1.0	+.7	+4.5	+7.5
Ill. 3/.....	68,300	307,000	238,000	14,223,000	208.20	46.40	+1.0	+3.5	+14.6	+19.7
Ind.....	13,100	54,400	41,000	1,753,000	133.55	32.25	+.3	(4/)	+6.6	+7.0
Iowa.....	13,600	52,500	38,300	2,629,000	193.50	50.05	-1.3	-1.0	+13.8	+13.5
Kans. 3/.....	10,400	42,500	33,000	1,992,000	191.30	46.85	+.4	-.4	+9.8	+16.0
Ky.....	29,200	114,000	82,300	3,275,000	112.20	28.80	+1.0	+1.3	+8.2	+10.8
La.....	35,700	156,000	121,000	3,691,000	103.45	23.60	-1.3	-.8	+28.7	+26.7
Maine.....	6,400	23,600	17,200	707,000	110.65	29.95	+1.2	+2.1	+13.4	+13.5
Md. 3/.....	28,700	113,000	87,300	4,503,000	157.05	39.85	+.7	+1.3	+8.2	+10.5
Mass. 3/.....	44,100	159,000	118,000	10,273,000	232.85	64.55	+1.3	+7.0	+18.9	+39.3
Mich. 3/.....	49,200	200,000	150,000	9,117,000	185.40	45.60	+.3	-.2	+13.6	+19.0
Minn.....	17,300	62,300	48,000	3,459,000	200.50	55.50	+.3	+.9	+8.2	+10.9
Miss.....	25,500	103,000	85,000	876,000	34.30	8.50	+.6	+.5	+5.0	+6.6
Mo. 3/.....	28,700	118,000	91,000	3,181,000	110.70	26.85	+.4	+.2	+8.8	+17.4
Mont.....	2,800	10,300	7,800	382,000	138.70	37.20	+.3	+1.7	+5.5	+2.1
Nebr. 3/.....	6,300	25,200	19,300	935,000	148.35	37.15	+1.2	+1.0	+12.8	+15.5
Nev.....	2,300	8,700	6,700	227,000	98.50	26.15	+1.2	-13.7	+22.6	+9.2
N. H.....	1,600	6,400	4,800	290,000	184.55	45.20	+.7	+5.7	+14.1	+26.8
N. J.....	41,500	165,000	125,000	9,859,000	237.40	59.80	+1.2	+2.1	+17.6	+23.2
N. Mex.....	10,800	43,100	32,700	1,325,000	122.90	30.75	+1.3	+1.3	+15.2	+15.4
N. Y. 3/.....	240,000	924,000	676,000	60,559,000	252.20	65.55	+1.9	+6.5	+21.5	+32.5
N. C.....	26,000	105,000	79,600	2,912,000	111.95	27.65	+.8	+1.5	-.4	+8.8
N. Dak.....	2,600	9,900	7,500	479,000	182.15	48.60	+.3	+1.0	+5.2	+8.5
Ohio 3/.....	59,800	237,000	177,000	9,012,000	150.60	38.05	+1.1	+1.5	+12.5	+15.7
Okla. 3/.....	23,400	89,800	67,400	3,090,000	131.90	34.45	+1.3	+.8	-.8	-.5
Oreg. 3/.....	11,200	40,500	29,000	1,590,000	142.60	39.30	+6.1	-.9	+7.6	+3.9
Pa. 3/.....	76,200	318,000	234,000	12,546,000	164.65	39.40	+1.7	+2.1	+14.2	+16.1
P. R.....	37,200	184,000	138,000	1,300,000	34.95	7.05	+1.8	+1.8	+3.9	+42.9
R. I. 3/.....	8,300	31,800	23,400	1,439,000	173.50	45.25	+.7	+.7	+9.2	+11.7
S. C.....	8,700	34,200	27,400	629,000	72.20	18.40	+5.3	+5.1	+27.4	+35.4
S. Dak.....	3,700	13,800	10,400	607,000	162.45	43.95	-1.0	-1.7	+3.9	+9.9
Tenn.....	26,400	104,000	80,200	2,720,000	102.95	26.15	+1.0	+.8	+10.7	+8.1
Tex.....	33,000	152,000	117,000	2,867,000	86.75	18.85	+4.6	+4.5	+34.4	+16.8
Utah 3/.....	7,000	27,300	19,600	1,043,000	148.15	38.20	+1.7	+.9	+4.7	+7.2
Vt. 3/.....	2,700	10,200	7,300	487,000	178.95	47.85	+1.8	+2.7	+31.3	+46.0
V. I.....	400	1,600	1,300	45,400	113.20	28.55	+.3	-1.5	+3.2	+4.0
Va.....	15,200	63,100	48,600	1,996,000	130.90	31.65	+2.0	+2.5	+11.6	+18.6
Wash. 3/.....	18,400	66,400	47,700	3,189,000	173.10	48.05	-.8	-1.9	+9.2	+14.1
W. Va. 3/.....	19,100	85,000	59,800	2,191,000	114.65	25.80	-.4	-.4	-11.8	-9.8
Wis. 3/.....	18,800	72,900	55,000	4,068,000	216.25	55.85	+2.9	+4.0	+25.2	+41.2
Wyo.....	1,200	4,300	3,300	169,000	142.60	38.75	+.8	+1.2	+2.1	+4.2

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients of money payments and amount of payments, by State, October 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		September 1968 in--		October 1967 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	55,600	299,000	202,000	$13,116,000	$236.10	$43.85	-2.8	-0.7	-9.1	+3.4
Calif.....	19,100	104,000	68,600	4,305,000	225.65	41.40	-4.9	-1.1	-3.2	+8.3
Colo.....	650	3,700	2,400	161,000	247.70	43.25	-12.2	-10.4	-31.0	-20.3
Conn.....	230	1,300	890	75,300	321.80	57.05	-37.9	-30.2	-50.1	-33.2
Del.....	89	580	420	17,600	197.60	30.05	-13.6	-14.2	-48.6	-50.6
Hawaii.....	270	1,600	1,000	69,600	261.75	44.45	-1.5	-5.1	-34.2	-23.9
Ill.....	3,000	18,900	13,000	831,000	276.95	43.95	-2.4	+.7	+2.9	+7.2
Kans.....	260	1,600	1,000	64,400	250.75	41.40	-3.4	-4.6	+2.4	+15.8
Md.....	120	630	420	20,900	166.90	33.00	-14.9	-15.4	-64.0	-66.1
Mass.....	640	3,400	2,300	200,000	309.95	59.50	+.5	+9.8	-4.9	+9.2
Mich.....	1,400	8,500	5,800	347,000	253.45	40.65	-11.2	-11.6	-15.8	-14.8
Mo.....	78	460	300	13,600	174.60	29.55	+8.7	+8.5	(3/)	(3/)
Nebr.....	68	430	310	14,200	209.05	33.30	-8.8	-8.2	+18.9	+19.5
N. Y.....	15,700	74,900	52,800	4,407,000	280.00	58.85	-1.1	+.5	-2.2	+15.3
Ohio.....	2,300	14,100	9,500	526,000	223.90	37.20	-1.2	+.4	-22.0	-14.6
Okla.....	480	2,900	2,000	94,700	196.55	32.30	-5.4	-5.9	-27.1	-27.7
Oreg.....	870	4,500	2,900	164,000	189.20	36.95	+21.3	+12.8	-5.5	-3.6
Pa.....	2,800	15,900	10,400	507,000	179.10	32.00	+3.4	+1.1	+5.7	+10.3
R. I.....	210	1,200	820	49,600	237.40	40.35	-7.0	-8.0	-30.0	-23.3
Utah.....	900	4,900	3,300	144,000	160.00	29.45	-3.1	-4.7	-24.9	-17.0
Vt.....	21	130	84	6,600	(4/)	52.00	+1.6	+3.3	(3/)	(3/)
Wash.....	420	2,000	1,300	89,600	211.40	44.25	+8.2	+8.8	-56.2	-47.5
W. Va.....	5,000	28,500	19,000	745,000	149.55	26.15	-2.0	-2.4	-27.7	-26.5
Wis.....	890	5,000	3,400	262,000	294.20	52.20	+8.9	+8.0	+44.9	+71.8

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

3/ First payments under this program made by Missouri in August 1968; by Vermont in July 1968.

4/ Average payment not computed on base of fewer than 50 families.

Table 8. General assistance: Recipients of money payments and amount of payments, by State, October 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		September 1968 in--		October 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	382,000	800,000	$36,250,000	$94.85	$45.35	-4.6	-2.9	+8.7	+24.3
Ala.	110	110	1,400	12.95	12.95	(3/)	(3/)	(3/)	(3/)
Alaska	120	350	5,900	50.10	16.85	+13.0	-9.3	-44.1	-52.5
Ariz	2,000	5,500	110,000	54.85	19.90	-14.8	-6.6	+3.8	+32.1
Ark.	250	940	3,600	14.40	3.85	+53.8	+44.0	-15.8	-8.1
Calif.	32,600	50,900	2,415,000	74.05	47.45	-1.9	+3.3	-5.7	+9.6
Colo.	990	3,100	39,700	40.25	12.80	-13.7	-11.9	+1.1	-7.0
Conn. 4/	5,800	17,400	556,000	95.55	32.00	-2.4	-1.7	+14.6	+21.4
Del.	2,000	4,400	118,000	59.95	27.10	+2.0	+.2	+37.1	+30.8
D. C.	1,000	1,100	89,100	88.40	80.40	+4.3	+4.0	+4.3	+2.6
Fla. 4/	7,800	20,300	246,000	---	---	---	---	---	---
Ga.	2,200	5,500	93,300	42.20	16.95	-.8	+6.7	+7.7	+15.3
Guam	57	80	3,300	58.65	41.80	(3/)	(3/)	(3/)	(3/)
Hawaii	1,600	3,300	178,000	109.45	53.80	+3.9	-2.3	+39.6	+38.5
Ill.	25,900	55,300	2,729,000	105.40	49.35	-11.9	(5/)	+5.6	+29.2
Iowa 4/	3,200	7,300	129,000	---	---	---	---	---	---
Kans.	2,900	5,700	257,000	89.25	45.25	-6.6	+.3	-3.4	+13.2
La.	6,700	7,300	339,000	50.90	46.30	-2.2	-2.0	+7.3	+6.5
Maine	2,200	7,000	96,600	43.85	13.85	+8.3	+10.7	+6.6	+16.2
Md.	6,000	7,200	521,000	86.15	72.05	+1.4	+.7	-10.6	-10.6
Mass.	11,200	22,200	1,192,000	106.45	53.60	+8.6	+8.4	+11.2	+49.1
Mich.	27,800	83,500	3,435,000	123.45	41.15	-29.6	-22.3	+27.4	+78.7
Minn.	6,300	18,300	662,000	105.10	36.10	-1.1	+4.6	+12.4	+39.1
Miss.	1,300	1,700	243,000	18.35	14.65	-.4	-2.8	+5.9	+1.0
Mo.	10,000	12,400	644,000	64.05	52.00	+.7	+.4	+2.5	+1.4
Mont.	770	2,400	46,000	59.60	19.10	-7.1	-3.9	-69.1	-70.4
N. H.	680	2,100	49,700	72.95	23.25	+3.4	+9.8	+1.9	+9.0
N. J. 6/	13,400	39,800	1,731,000	129.00	43.45	-1.1	-10.7	+6.6	+6.9
N. Mex.	220	510	9,100	41.65	17.65	+30.8	+18.5	-36.5	-63.0
N. Y.	108,000	217,000	13,401,000	123.90	61.80	+2.4	+.6	+30.2	+38.1
N. C.	1,700	4,100	60,600	35.00	14.70	-3.6	+10.7	+.3	+21.8
N. Dak.	180	640	8,800	49.65	13.85	-15.2	-1.3	+16.6	+16.2
Ohio	23,800	63,400	2,022,000	85.15	31.90	-2.3	-16.8	-15.4	-25.4
Okla.	1,100	2,600	19,600	18.30	7.50	+6.8	+9.8	---	-71.6
Oreg.	2,100	4,700	116,000	56.15	24.65	+2.9	-1.7	---	-48.7
Pa.	34,700	45,300	2,731,000	78.70	60.30	+4.0	+2.8	+21.0	+23.7
R. I.	4,600	14,000	446,000	97.50	32.00	+5.4	+8.6	+70.0	+74.4
S. C.	880	1,000	34,000	38.70	33.00	+5.6	+5.7	+9.3	+15.1
S. Dak.	200	570	6,900	34.45	12.15	-40.8	-34.7	-22.6	-8.4
Tenn.	1,400	4,100	47,700	33.00	11.60	-.5	+6.6	-5.4	+10.2
Tex. 4/ 7/	7,700	(8/)	276,000	---	---	---	---	---	---
Utah	1,300	1,500	101,000	77.55	67.55	+1.2	-1.2	+25.1	+18.0
Vt. 4/ 7/	400	(8/)	12,000	---	---	---	---	---	---
V. I.	150	160	6,400	43.30	39.80	-1.8	-3.6	-8.0	-3.9
Va.	4,200	7,200	231,000	55.25	32.15	-1.7	+2.3	-2.0	+23.7
Wash.	8,100	14,500	749,000	92.65	51.60	+6.0	+4.9	+12.7	+27.2
W. Va.	1,900	3,000	90,300	47.30	29.70	-2.8	+2.9	+20.6	+21.1
Wis.	5,200	13,600	415,000	79.10	30.45	-9.1	-17.4	+16.9	+11.9
Wyo.	190	620	15,200	80.65	24.55	-5.6	-11.2	-28.1	-24.7

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.

3/ Percentage change not computed on base of fewer than 100 recipients.

4/ Estimated.

5/ Increase of less than 0.05 percent.

6/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.

7/ Data for September; October data not reported.

8/ Data not available.

3/ 4/ Average payment not computed on base of fewer than 50 families.

First payments under this program made by Missouri in August 1968; by Vermont in July 1968.

the requirements of such adults were considered in determining the amount of assistance.

Table 9. Institutional services in intermediate care facilities under old-age assistance, aid to the blind, and aid to the permanently and totally disabled: Recipients of such services and amount of payments, by State, October 1968[1]

State	Total, all programs 2/			Old-age assistance		
	Number of recipients	Payments for recipients		Number of recipients	Payments for recipients	
		Total amount	Average		Total amount	Average
Total.....	10,900	$1,796,000	$164.25	7,400	$1,233,000	$166.15
Kansas.....	3,700	597,000	161.40	2,400	372,000	158.20
Louisiana.....	280	33,700	119.55	230	27,600	117.75
Maine.....	2,000	498,000	245.95	1,800	449,000	244.10
Rhode Island.....	1,000	142,000	138.00	690	91,300	131.90
Utah.....	1,600	242,000	148.50	910	131,000	143.65
Washington.....	2,300	284,000	124.85	1,400	162,000	116.50

1/ All data subject to revision. Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.

2/ Includes a few payments of this type made without Federal participation for recipients of AFDC or GA.

Table 10. Amount of vendor payments for medical care for recipients of public assistance, by program and State, October 1968[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		September 1968	October 1967							
Total	$369,250,000	+8.1	+35.1	$344,132,000	$5,678,000	$8,813,000	$210,000	$3,207,000	$2,254,000	$4,957,000
Ala	1,625,000	+.6	+27.4	---	480	1,478,000	6,000	141,000	---	---
Alaska 3/	180,000	+106.4	-12.6	---	---	47,500	1,100	37,900	---	93,800
Ariz	194,000	+1.6	+38.6	---	730	193,000	---	---	---	---
Ark. 3/	1,302,000	+.4	+5.0	---	375,000	939,000	24,800	376,000	87,200	---
Calif	66,227,000	+17.8	+48.4	66,227,000	---	---	---	---	---	---
Colo	2,430,000	-1.5	+29.5	---	4/ 1,369,000	467,000	7,200	239,000	278,000	69,900
Conn	5,806,000	+5.9	+32.1	5,703,000	---	---	---	---	---	103,000
Del	250,000	+28.2	+13.1	250,000	---	---	---	---	---	---
D. C	10,000	+53.8	-66.9	---	---	---	---	---	---	---
Fla. 3/	2,270,000	+9.2	+4.3	---	---	1,755,000	20,300	313,000	182,000	---
Ga	4,015,000	+59.6	+110.1	4,015,000	---	---	---	---	---	---
Guam	10,700	-53.1	+50.7	9,800	---	---	---	---	---	920
Hawaii	937,000	+2.9	-27.6	828,000	---	---	---	---	---	109,000
Idaho	686,000	+26.8	+21.8	686,000	---	---	---	---	---	---
Ill	22,616,000	+27.5	+38.6	21,001,000	---	---	---	---	---	1,615,000
Ind	2,965,000	-1.2	+31.5	---	475,000	1,405,000	81,800	525,000	478,000	---
Iowa	3,540,000	+8.7	+113.3	3,540,000	---	---	---	---	---	---
Kans	3,062,000	-22.9	+26.9	3,062,000	---	---	---	---	---	---
Ky	4,029,000	+16.7	+51.8	4,029,000	---	---	---	---	---	---
La	4,225,000	+3.3	+23.9	4,121,000	---	---	---	---	---	104,000
Maine	792,000	+25.7	-13.3	703,000	---	---	---	---	---	89,300
Md	5,027,000	-14.5	+8.6	5,027,000	---	---	---	---	---	---
Mass	19,698,000	+13.1	+44.4	19,443,000	---	---	---	---	---	255,000
Mich	15,216,000	-.8	+32.8	15,025,000	---	---	---	---	---	191,000
Minn	8,643,000	+12.9	+21.4	8,413,000	---	---	---	---	---	230,000
Miss	408,000	+9.1	+41.2	---	---	343,000	4,200	60,900	---	---
Mo	4,122,000	-14.5	+230.3	4,122,000	---	---	---	---	---	---
Mont	866,000	-3.7	+25.1	575,000	---	---	---	---	---	291,000
Nebr	2,430,000	+4.0	+69.7	2,430,000	---	---	---	---	---	---
Nev	456,000	-16.6	-5.6	456,000	---	---	---	---	---	---
N. H. 5/	330,000	---	---	330,000	---	---	---	---	---	---
N. J	4,520,000	-1.5	+4.3	---	4/ 2,990,000	217,000	17,100	414,000	617,000	265,000
N. Mex	1,756,000	+38.3	+91.5	1,727,000	---	---	---	---	---	29,400
N. Y	98,975,000	+4.9	+24.2	98,975,000	---	---	---	---	---	---
N. C	1,752,000	+1.4	+28.5	---	133,000	240,000	24,500	786,000	464,000	104,000
N. Dak	783,000	-4.3	+.3	777,000	---	---	---	---	---	5,900
Ohio	9,440,000	+17.3	+59.5	8,678,000	---	---	---	---	---	762,000
Okla	6,356,000	+7.0	+25.6	6,356,000	---	---	---	---	---	---
Oreg	1,842,000	+12.2	+28.6	1,731,000	---	---	---	---	---	111,000
Pa	17,980,000	+.1	+59.1	17,980,000	---	---	---	---	---	---
P. R. 5/	3,298,000	---	---	3,298,000	---	---	---	---	---	---
R. I	2,443,000	-4.6	+.3	2,326,000	---	---	---	---	---	5/ 117,000
S. C	1,314,000	+18.6	+76.4	1,284,000	---	---	---	---	---	29,900
S. Dak	800,000	-.6	+36.8	732,000	---	---	---	---	---	67,800
Tenn	1,556,000	+10.7	+7.6	---	258,000	1,178,000	900	90,900	28,500	---
Tex	12,766,000	+4.5	+54.9	12,766,000	---	---	---	---	---	---
Utah	636,000	-12.4	-13.1	635,000	---	---	---	---	---	770
Vt	904,000	+26.3	+75.2	904,000	---	---	---	---	---	---
V. I 5/	71,900	---	---	71,900	---	---	---	---	---	---
Va	1,029,000	+6.0	+23.8	---	76,600	549,000	21,800	219,000	116,000	46,700
Wash	4,908,000	-4.0	+35.7	4,908,000	---	---	---	---	---	---
W. Va	977,000	+12.6	+43.7	920,000	---	---	---	---	---	56,800
Wis	10,089,000	+9.4	+23.9	9,933,000	---	---	---	---	---	156,000
Wyo	186,000	+8.8	+60.3	134,000	---	---	---	---	---	51,913

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Excludes small amount of money payments not subject to Federal participation.
5/ Data for October not reported; data represent amount reported for a previous month.

Table 11. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, October 1968[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total	$364,296,000	$346,140,000	$18,158,000
Title XIX States	344,132,000	329,576,000	14,556,000
Other States	20,164,000	16,564,000	3,602,000
	Title XIX States		
Calif.	66,227,000	65,049,000	1,177,000
Conn.	5,703,000	5,666,000	37,500
Del.	250,000	241,000	8,700
Ga.	4,015,000	3,612,000	402,000
Guam	9,800	8,600	1,200
Hawaii	828,000	828,000	---
Idaho	686,000	664,000	22,100
Ill.	21,001,000	21,001,000	---
Iowa	3,540,000	3,443,000	97,000
Kans.	3,062,000	2,969,000	93,300
Ky.	4,029,000	3,773,000	256,000
La.	4,121,000	4,121,000	---
Maine	703,000	657,000	46,300
Mi.	5,027,000	5,027,000	---
Mass.	19,443,000	19,441,000	1,900
Mich.	15,025,000	14,852,000	173,000
Minn.	8,413,000	8,315,000	98,200
Mo.	4,122,000	3,752,000	370,000
Mont.	575,000	560,000	15,200
Nebr.	2,430,000	2,377,000	52,300
Nev.	456,000	456,000	---
N. H. 3/	330,000	313,000	17,200
N. Mex.	1,727,000	1,727,000	---
N. Y.	98,975,000	98,372,000	603,000
N. Dak.	777,000	730,000	2/ 47,900
Ohio	8,678,000	8,408,000	271,000
Okla.	6,356,000	1,366,000	2/ 4,991,000
Oreg.	1,731,000	1,731,000	---
Pa.	17,980,000	17,592,000	388,000
P. R. 3/	3,298,000	3,298,000	---
R. I.	2,326,000	2,308,000	18,200
S. C.	1,284,000	1,193,000	90,500
S. Dak.	732,000	712,000	20,100
Tex.	12,766,000	7,717,000	2/ 5,049,000
Utah	635,000	610,000	24,800
Vt.	904,000	887,000	17,000
V. I. 3/	71,900	71,900	---
Wash.	4,908,000	4,771,000	2/ 137,000
W. Va.	920,000	920,000	---
Wis.	9,933,000	9,903,000	29,600
Wyo.	134,000	134,000	---
	Other States		
Ala.	1,626,000	1,626,000	---
Alaska	86,500	86,500	---
Ariz.	194,000	150,000	43,400
Ark.	1,802,000	1,554,000	248,000
Colo.	2,361,000	1,943,000	2/ 418,000
D. C.	9,000	9,000	---
Fla.	2,271,000	1,987,000	284,000
Ind.	2,964,000	2,721,000	2/ 244,000
Miss.	409,000	409,000	---
N. J.	4,255,000	4,192,000	63,400
N. C.	1,647,000	745,000	2/ 903,000
Tenn.	1,556,000	260,000	2/ 1,296,000
Va.	983,000	881,000	2/ 102,000

1/ All data subject to revision.

2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$903,000; Oklahoma-$4,680,000; Tennessee-$1,098,000; and premium payments to health-insuring agencies by Colorado-$275,000; Indiana-$164,000; North Dakota-$30,800; Texas-$4,124,000; Virginia-$58,100; and Washington-$6,100.

3/ Data for October not reported; data represents amount reported for a previous month.

Table 12. General assistance: Recipients of money payments and amount of payments for selected cities, October 1968

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		September 1968 in--		October 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 16 cities 1/..	181,000	330,000	$19,288,000	$106.65	$58.35	-13.6	-1.5	+17.3	+29.5
Baltimore.....	5,100	6,100	444,000	86.55	72.75	+.7	(2/)	-12.9	-13.3
Boston 3/.....	4,300	5,100	516,000	121.15	100.30	-6.9	+7.0	-16.0	+44.7
Buffalo.....	4,100	6,000	425,000	103.10	70.95	-2.1	-.8	+9.2	+17.5
Chicago.....	17,600	35,300	2,207,000	125.35	62.55	-2.1	-1.6	+9.2	+37.2
Cinninnati 3/ 4/.....	4,700	14,800	358,000	75.50	24.15	-19.8	-4.4	-10.3	-9.3
Cleveland 3/ 4/.....	7,600	19,900	697,000	91.45	35.10	-71.3	-19.0	(5/)	(5/)
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia....	1,000	1,100	89,100	88.40	80.40	+4.3	+4.0	+4.3	+2.6
Los Angeles 3/.....	15,700	26,100	1,055,000	67.05	40.40	-8.3	-1.4	-23.0	-10.7
Milwaukee 3/.....	3,500	8,200	296,000	84.65	36.15	-11.4	-21.6	+42.2	+21.6
Minneapolis.....	1,700	3,900	173,000	99.40	44.85	+2.3	+12.2	+25.4	+36.1
New Orleans.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
New York.....	85,900	165,000	10,690,000	124.40	64.75	+2.6	-.8	+34.1	+38.9
Philadelphia.....	11,700	16,600	997,000	85.20	60.10	+4.4	+2.0	+32.2	+39.6
Pittsburgh.....	8,500	9,800	659,000	77.45	67.30	+.7	-.2	+11.3	+7.9
Rochester.....	940	2,500	98,200	103.90	39.85	+4.7	+11.4	+25.8	+49.3
St. Louis.....	2,000	2,200	124,000	63.40	55.05	+3.2	-.6	+4.0	+6.7
San Francisco.....	6,400	7,800	460,000	72.00	59.10	+1.3	+3.4	+57.9	+66.1

1/ Data not reported for Detroit and New Orleans. Percentage changes based on comparable data.
2/ Increase of less than 0.05 percent.
3/ Data for county in which city is located.
4/ Includes supplementation of categorical cases; not included in State data.
5/ Data not reported in October 1967.

Table 13. Old-age, survivors, disability and health insurance, summary benefit data, October 1968[1]

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	294,118	---	24,274,335	---	$2,041,433	$2,129,334
Retired workers and dependents	137,065	---	15,374,612	---	1,360,167	1,395,027
Retired workers	96,828	$104.35	12,237,501	$98.59	1,206,512	1,230,349
Wives and husbands 2/	26,406	48.80	2,618,134	51.12	133,833	142,817
Children 3/	13,831	40.89	518,977	38.19	19,821	21,861
Disabled workers and dependents	61,153	---	2,309,147	---	179,934	198,202
Disabled workers	28,664	116.25	1,281,536	111.81	143,283	156,480
Wives and husbands 2/	7,665	39.29	250,942	38.31	9,614	11,063
Children 3/	24,824	35.03	776,669	34.81	27,038	30,659
Survivors of deceased workers	90,574	---	5,905,469	---	465,642	509,562
Widowed mothers	9,197	74.49	503,136	74.89	37,679	41,509
Children 3/	49,588	67.49	2,467,903	70.79	174,708	192,250
Widows and widowers 4/	31,618	87.90	2,902,586	86.29	250,450	272,689
Parents	171	97.91	31,844	88.10	2,805	3,114
Persons with special age-72 benefits 5/	5,326	---	685,107	---	26,859	27,594
Primary	5,128	---	664,959	39.79	26,457	27,176
Wives	198	---	20,148	19.96	402	418
Lump-sum death payments 6/	99,044	232.50	---	---	---	22,142

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Includes wives under age 65 with entitled children in their care; a total of 378,000 such wives of retired and disabled workers were in current-payment status.

3/ Includes disabled persons aged 18 and over whose disability began before age 18.

4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments and disabled widows and widowers aged 50-61 entitled under the 1967 amendments.

5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 95,237 deceased workers; the average amount represents average per deceased worker.

6/ Number of lump-sum payments shown were paid on the accounts of 95,237 deceased workers; the average amount represents average per deceased worker.

Table 1. Amount of public assistance payments in the United States, by month, November 1967-November 1968[1]

Year and month	Total	Maintenance assistance								Medical assistance 2/					
		Total	Money payments to recipients 3/						Payments to intermediate care facilities 5/	Total	Federally aided programs				General assistance 4/
			Federally aided programs					General assistance 4/			Total	Medical assistance (Title XIX)	Medical assistance for the aged (Titles I and XVI)	Other 6/	
			Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children								
	Amount of assistance (In thousands)														
1967															
November	$717,664	$436,611	$407,068	$144,588	$7,406	$51,125	$203,949	$29,543	---	$281,053	$276,471	$258,164	$5,151	$13,156	$4,579
December	713,589	445,526	414,690	145,425	7,475	52,054	209,736	30,836	---	268,063	263,375	244,875	4,920	13,580	4,688
1968															
January	760,781	454,739	422,104	145,603	7,505	52,689	216,307	32,635	---	306,042	301,967	282,784	5,508	13,675	4,075
February	742,835	455,226	423,011	144,748	7,436	52,828	217,999	32,215	---	287,609	282,608	263,304	5,460	13,844	5,001
March	774,531	455,621	422,857	140,385	7,374	52,696	222,402	32,764	---	318,910	314,769	295,218	5,388	14,163	4,139
April	844,178	457,290	424,484	136,733	7,345	53,313	227,093	32,806	---	386,888	381,757	362,115	5,332	14,310	5,131
May	797,755	461,177	427,896	136,661	7,375	53,802	230,058	33,281	---	336,578	331,527	311,237	5,675	14,615	5,051
June	815,705	466,048	433,121	136,756	7,388	54,301	234,676	32,927	---	349,657	344,890	324,609	5,480	14,801	4,767
July	801,767	473,433	437,881	137,957	7,408	55,014	237,502	35,233	$319	328,334	323,513	303,789	5,961	13,763	4,821
August 7/	841,427	500,804	459,886	139,306	7,437	56,146	256,997	39,682	1,236	340,623	335,698	315,782	5,381	14,535	4,923
September	821,404	479,956	440,988	138,091	7,364	55,591	239,942	37,342	1,626	341,449	336,018	316,311	5,525	14,182	5,432
October	858,896	488,713	450,667	139,332	7,396	56,699	247,240	36,250	1,796	370,183	365,226	345,064	5,678	14,484	4,957
November	862,446	487,696	450,171	138,987	7,367	56,780	247,037	35,720	1,805	374,750	369,484	349,190	5,722	14,572	5,266
	Percentage change from preceding month														
1967															
November	+1.7	+0.9	+0.9	+0.7	+0.1	+1.1	+1.0	+1.2	---	+2.8	+2.7	+3.4	+2.8	-8.2	+10.5
December	-.6	+2.0	+1.9	+.6	+.9	+1.8	+2.8	+4.4	---	-4.6	-4.7	-5.1	-4.5	+3.2	+2.4
1968															
January	+6.6	+2.1	+1.8	+.1	+.4	+1.2	+3.1	+5.8	---	+14.2	+14.7	+15.5	+12.0	+.7	-13.1
February	-2.4	+.1	+.2	-.6	-.9	+.3	+.8	-1.3	---	-6.0	-6.4	-6.9	-.9	+1.2	+22.7
March	+4.3	+.1	(8/)	-3.0	-.8	-.3	+2.0	+1.7	---	+10.9	+11.4	+12.1	-1.3	+2.3	-17.2
April	+9.0	+.4	+.4	-2.6	-.4	+1.2	+2.1	+.1	---	+21.3	+21.3	+22.7	-1.0	+1.0	+24.0
May	-5.5	+.8	+.8	-.1	+.4	+.9	+1.3	+1.4	---	-13.0	-13.2	-14.1	+6.4	+2.1	-1.6
June	+2.2	+1.1	+1.2	+.1	+.2	+.9	+2.0	-1.1	---	+3.9	+4.0	+4.3	-3.4	+1.3	-5.6
July	-1.7	+1.6	+1.1	+.9	+.3	+1.3	+1.2	+6.9	---	-6.1	-6.2	-6.4	+8.8	-7.0	+1.1
August 7/	+2.5	+1.4	+1.1	(9/)	-.3	+.7	+1.7	+3.1	+287.7	+4.0	+4.0	+3.9	-9.7	+5.6	+2.1
September	(9/)	-.1	-.4	-.1	-.3	+.1	-.7	+2.8	+31.5	+.2	+.1	+.2	+2.7	-2.4	+10.3
October	+4.5	+1.8	+2.2	+.9	+.4	+2.0	+3.0	-2.9	+10.5	+8.1	+8.4	+8.8	+2.8	+2.1	-8.7
November	+.4	-.2	-.1	-.2	-.4	+.1	-.1	-1.5	+.5	+1.2	+1.2	+1.2	+.8	+.6	+6.2
	Percentage change from same month of preceding year														
1968															
November	+20.2	+11.7	+10.6	-3.9	-.5	+11.1	+21.1	+20.9	---	+33.3	+33.6	+35.3	+11.1	+10.8	+15.0

1/ All data subject to revision.
2/ Amounts represent primarily bills paid to medical vendors during the month and therefore are subject to fluctuations unrelated to provision of medical services.
3/ Includes nonmedical vendor payments other than those for institutional services in intermediate care facilities.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available.
5/ Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.
6/ Data represent payments to medical vendors under maintenance assistance programs operated under State plans approved under titles I, IX, X, XIV, or XVI.
7/ Amounts for money payments include a special grant of $25.00 per person (aggregating $20,500,000) issued periodically in New York City. Percentage changes based on data excluding this amount.
8/ Decrease of less than 0.05 percent.
9/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance maintenance payments in the United States, by month, November 1967-November 1968[1]

Year and month	Recipients of money payments 2/										Recipients of institutional services in intermediate care facilities 3/
	Federally aided programs								General assistance 4/		
	Total	Adult programs				Aid to families with dependent children					
		Total	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Families	Total recipients 5/	Children	Cases	Recipients	
	Number of recipients (In thousands)										
1967											
November	8,004	2,797	2,074	82.8	640	1,273	5,207	3,907	342	758	---
December	8,111	2,802	2,073	82.7	646	1,297	5,309	3,986	352	782	---
1968											
January	8,238	2,804	2,070	82.5	651	1,327	5,442	4,080	365	817	---
February	8,316	2,796	2,060	82.3	654	1,346	5,520	4,132	363	798	---
March	8,369	2,782	2,044	81.7	656	1,365	5,587	4,180	365	792	---
April	8,381	2,769	2,028	81.4	660	1,374	5,612	4,203	360	762	---
May	8,385	2,770	2,023	81.2	666	1,380	5,615	4,209	358	749	---
June	8,379	2,770	2,019	81.2	670	1,383	5,609	4,207	356	737	---
July	8,410	2,774	2,019	81.0	674	1,397	5,636	4,229	367	768	2.6
August	8,490	2,783	2,022	81.0	680	1,420	5,707	4,275	375	784	7.6
September	8,587	2,786	2,021	81.1	684	1,443	5,801	4,351	384	838	10.5
October	8,680	2,798	2,026	81.1	691	1,471	5,882	4,408	382	800	10.9
November	8,750	2,802	2,025	81.0	696	1,490	5,948	4,465	383	801	11.1
	Percentage change from preceding month										
1967											
November	+0.8	+0.3	+0.2	0	+0.7	+1.2	+1.1	+0.9	+1.9	+3.1	---
December	+1.3	+.2	-.1	-0.2	+.8	+1.9	+2.0	+2.0	+3.0	+3.2	---
1968											
January	+1.6	+.1	-.1	-.2	+.7	+2.2	+2.4	+2.2	+3.7	+4.5	---
February	+.9	-.3	-.5	-.3	+.6	+1.5	+1.6	+1.4	-.3	-2.3	---
March	+.6	-.5	-.8	-.8	+.4	+1.4	+1.2	+1.2	+.6	-.7	---
April	+.1	-.5	-.8	-.4	+.5	+.7	+.4	+.5	-1.5	-3.8	---
May	(6/)	(6/)	-.3	-.2	+.9	+.4	+.1	+.1	-.3	-1.7	---
June	-.1	0	-.2	0	+.6	+.2	-.1	(7/)	-.8	-1.6	---
July	+.3	+.2	0	-.2	+.6	+1.0	+.4	+.5	+3.8	+4.8	---
August	+.9	+.3	+.1	0	+.9	+1.6	+1.2	+1.1	+2.2	+2.1	+194.6
September	+1.1	+.1	(7/)	(6/)	+.6	+1.7	+1.7	+1.8	+2.4	+6.9	+38.2
October	+1.1	+.4	+.2	0	+1.0	+1.9	+1.4	+1.3	-.4	-4.6	+3.9
November	+.8	+.1	(7/)	(7/)	+.8	+1.3	+1.1	+1.3	+.2	+.2	+1.2
	Percentage change from same month of preceding year										
1968											
November	+9.3	+.2	-2.4	-2.1	+8.7	+17.0	+14.2	+14.3	+12.1	+5.7	---

1/ All data subject to revision.
2/ Includes recipients of nonmedical vendor payments other than those for institutional services in intermediate care facilities.
3/ Includes recipients of OAA, AB, or APTD for whom such payments are subject to Federal financial participation under approved State plans under titles I, X, XIV, or XVI and a few AFDC or GA recipients for whom such payments are made without Federal participation.
4/ Partly estimated. Does not include Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico for all months, and Nevada beginning January 1968; data not available.
5/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
6/ Increase of less than 0.05 percent.
7/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients of money payments and amount of payments, by State, November 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1968 in--		November 1967 in--	
				Number	Amount	Number	Amount
Total 2/..	2,025,000	$138,987,000	$68.65	(3/)	-0.2	-2.4	-3.9
Ala.....	114,000	7,077,000	62.10	(3/)	(3/)	-.4	-1.9
Alaska 4/.....	1,400	121,000	83.65	+.1	+1.5	+1.8	+15.9
Ariz.....	12,700	622,000	48.80	+.1	-6.6	-1.1	-14.8
Ark. 4/.....	61,300	3,332,000	54.40	-.4	-.5	-6.1	-14.2
Calif.....	300,000	30,138,000	100.55	+.4	-.7	+2.5	+.9
Colo. 2/.....	38,400	3,032,000	78.85	-.1	-.3	-5.5	-8.0
Conn.....	7,600	675,000	89.05	+1.0	+3.4	+3.6	+19.5
Del.....	1,900	113,000	59.50	+.5	+.4	+4.3	-1.9
D. C.....	2,500	179,000	72.65	-.5	-.1	+7.8	+7.1
Fla. 4/.....	70,400	3,449,000	48.95	(3/)	-.1	-5.3	-7.5
Ga. 4/.....	89,800	4,622,000	51.45	+.5	+.1	-4.4	-4.7
Guam.....	250	12,900	51.25	+2.0	-.3	+26.8	+24.6
Hawaii 4/.....	2,000	175,000	89.55	-.3	-.2	+8.4	+21.1
Idaho.....	3,400	216,000	63.75	-.3	-.4	-8.6	-13.5
Ill. 4/.....	37,600	2,416,000	64.35	-.1	-.3	-3.7	-5.1
Ind.....	17,300	810,000	46.75	-.7	-.7	-10.6	-9.3
Iowa.....	23,000	2,360,000	102.80	-1.1	-.5	-6.1	-6.8
Kans. 4/.....	13,500	814,000	60.45	-2.7	-2.5	-22.1	-45.4
Ky. 4/.....	61,300	3,261,000	53.20	+.2	+.3	-.5	-6.0
La.....	122,000	8,480,000	69.55	+.2	+.1	-2.3	-7.4
Maine 4/.....	10,100	572,000	56.65	-.1	+3.8	-1.9	+4.2
Md. 4/.....	7,900	486,000	61.65	+2.2	+2.5	-.7	-.8
Mass.....	49,200	4,700,000	95.50	+.6	+5.0	-.2	+16.1
Mich.....	37,600	2,616,000	69.50	-.3	+.4	-5.7	-5.1
Minn.....	23,400	1,499,000	64.05	-.6	-.7	-8.5	-10.2
Miss.....	70,500	2,525,000	35.80	-.4	-.5	-7.0	-13.6
Mo.....	91,200	6,597,000	72.35	-.3	-.3	-2.8	-2.5
Mont.....	3,700	233,000	63.40	+.5	+.3	-5.5	-7.5
Nebr. 4/.....	8,100	468,000	57.60	-.3	-.7	-6.8	-8.4
Nev.....	2,600	197,000	75.35	+.3	+.9	+1.6	+5.4
N. H.....	4,200	486,000	116.00	+.5	+.9	-1.7	+5.5
N. J.....	14,200	1,051,000	74.20	+.2	+1.3	+.8	-1.2
N. Mex. 4/.....	9,600	520,000	54.00	+.5	+.2	-.8	-6.1
N. Y. 4/.....	80,600	7,426,000	92.15	+.9	-2.2	+9.7	+10.7
N. C.....	37,700	2,575,000	68.35	+.3	+.5	-4.8	+2.0
N. Dak. 4/.....	4,100	313,000	77.10	-1.6	-.8	-5.0	-8.4
Ohio.....	61,300	3,660,000	59.70	-.5	+.9	-6.8	-14.8
Okla. 4/.....	76,900	5,466,000	71.10	-.2	-.3	-4.4	-8.2
Oreg.....	8,100	404,000	50.05	-1.1	-.1	-14.8	-30.8
Pa.....	42,900	3,003,000	70.00	-.1	-.6	-3.5	-9.9
P. R. 4/.....	21,600	227,000	10.50	-.4	-.4	-8.5	+7.7
R. I. 4/.....	4,200	184,000	43.55	+.1	-1.6	-5.7	-32.6
S. C.....	19,400	875,000	45.00	-.1	+.1	-12.0	-11.4
S. Dak.....	4,800	296,000	61.85	-.3	+.9	-9.8	-15.2
Tenn.....	49,300	2,476,000	50.25	+.4	+.2	-1.1	-5.0
Tex.....	230,000	13,836,000	60.10	(3/)	-.1	+.5	-2.8
Utah.....	4,500	196,000	43.90	-1.0	-1.2	-1.2	-26.3
Vt. 4/.....	4,300	297,000	69.75	-.4	-.2	-.2	-2.6
V. I.....	380	14,700	38.65	+.8	+.4	-4.5	-3.3
Va.....	10,900	628,000	57.65	-.1	+1.4	-3.6	-.4
Wash.....	22,400	1,340,000	59.70	-5.4	-9.5	-13.8	-24.8
W. Va.....	11,300	728,000	64.60	-.1	+1.0	-5.4	+4.9
Wis.....	16,200	1,034,000	64.05	-.1	+.5	-3.8	-5.5
Wyo.....	2,000	157,000	79.00	-.5	-.2	-5.5	-2.7

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Includes 3,600 recipients aged 60-64 in Colorado and payments of $340,000 to these recipients. Such payments were made without Federal participation.

3/ Decrease of less than 0.05 percent.

4/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.

determining the amount of assistance.
6/ Increase of less than 0.05 percent.
7/ Decrease of less than 0.05 percent.

Table 4. Aid to the blind: Recipients of money payments and amount of payments, by State, November 1968[1]

Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1968 in--		November 1967 in--	
				Number	Amount	Number	Amount
Total 2/ 3/	81,000	$7,367,000	$90.90	(4/)	-0.4	-2.1	-0.5
Ala.	1,900	134,000	70.10	-0.6	-.6	+2.8	+1.9
Alaska 5/	95	10,900	114.60	(6/)	(6/)	(6/)	(6/)
Ariz.	610	43,500	71.55	-1.3	-1.5	-11.6	-10.5
Ark. 5/	1,800	124,000	68.30	+.3	-.2	-5.9	-8.9
Calif. 2/	12,600	1,749,000	138.55	+.1	-.8	+1.0	+4.6
Colo.	210	15,300	74.15	0	+1.1	-1.9	+1.3
Conn.	240	23,000	94.70	+1.2	+8.2	-5.8	+3.7
Del.	350	31,000	88.65	-1.4	-2.9	+2.9	+9.5
D. C.	190	15,700	81.55	+1.1	-1.6	0	-6.2
Fla. 5/	2,400	154,000	64.25	-.3	-.2	-4.6	-4.4
Ga. 5/	3,200	198,000	62.40	+.3	+.1	-.1	+.5
Guam	6	330	(6/)	(6/)	(6/)	(6/)	(6/)
Hawaii 5/	72	8,300	114.95	(6/)	(6/)	(6/)	(6/)
Idaho	100	8,300	79.45	-4.5	-3.1	-5.4	-4.2
Ill. 5/	1,800	146,000	82.90	-.1	-1.7	-5.2	-4.0
Ind.	1,400	92,300	64.75	-1.0	-.8	-6.4	-7.9
Iowa	1,000	111,000	106.55	-.7	-1.8	-1.8	-3.3
Kans. 5/	370	26,400	71.70	-3.4	-2.2	-10.5	-29.3
Ky. 5/	2,600	185,000	70.50	+.5	+.5	+1.0	+1.5
La.	2,400	186,000	76.50	+.4	+.6	-4.4	-4.9
Maine 5/	210	16,000	77.20	-.5	-.5	-8.0	-3.9
Md. 5/	350	29,000	83.95	+.9	+1.9	+.6	+.3
Mass.	2,700	316,000	117.75	+.8	+1.5	+12.6	+7.7
Mich.	1,400	128,000	90.60	-.1	+.2	-2.9	+2.7
Minn.	810	65,300	80.70	+.1	+1.4	-2.6	-4.1
Miss.	2,200	101,000	44.75	-1.3	-1.4	-8.2	-10.0
Mo. 2/	3,900	337,000	86.80	+.7	+.4	-.6	+7.8
Mont.	160	13,300	81.30	0	-.4	-6.3	-2.6
Nebr. 5/	360	30,900	86.80	+.3	+1.7	-4.3	+1.3
Nev.	160	15,800	97.90	-1.2	-1.0	+3.2	+5.4
N. H.	230	26,100	111.40	-.4	-1.7	-5.6	-1.1
N. J.	900	82,500	92.05	+.8	+.4	-1.6	+.7
N. Mex. 5/	380	27,500	73.30	-.5	+.1	+2.5	+.3
N. Y. 5/	3,300	373,000	114.40	+.6	-2.9	+3.0	+6.8
N. C. 5/	4,600	374,000	80.75	+.1	+1.2	-1.4	+4.4
N. Dak. 5/	82	7,100	86.70	(6/)	(6/)	(6/)	(6/)
Ohio	2,800	203,000	72.60	+.1	(7/)	-3.3	-3.7
Okla. 5/	1,400	147,000	103.00	-1.5	-1.7	-6.9	-7.7
Oreg.	520	44,000	84.20	+1.0	(4/)	+3.6	-6.9
Pa. 3/	9,200	988,000	107.10	-.1	-.6	-6.2	-8.2
P. R. 5/	780	8,200	10.50	-.5	-.8	-18.2	-4.6
R. I. 5/	120	7,400	63.70	+.9	+1.4	-.9	-20.3
S. C.	1,900	108,000	57.60	-.6	-.4	-2.5	-4.1
S. Dak.	110	9,800	86.60	0	-.1	-2.6	-1.3
Tenn.	1,800	120,000	66.65	-.1	-.4	-1.2	-2.6
Tex.	4,200	301,000	72.60	-.2	-.3	-1.6	-4.5
Utah	150	8,200	56.20	-1.4	-.4	+3.5	-11.7
Vt. 5/	110	9,600	89.40	-.9	+.2	-2.7	+6.6
V. I.	9	360	(6/)	(6/)	(6/)	(6/)	(6/)
Va.	1,100	82,100	76.45	-.4	(7/)	-2.7	+.4
Wash.	460	39,800	87.50	-3.2	-2.3	-9.0	-7.7
W. Va.	580	33,900	58.05	-.2	+.2	-7.6	-3.4
Wis.	600	48,200	81.10	+.8	+2.0	+.2	-.7
Wyo.	38	2,900	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $32,900 to 190 recipients and Missouri, $58,500 to 660 recipients.
3/ Does not include $589,000 to an estimated 7,800 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation.
4/ Decrease of less than 0.05 percent.
5/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Increase of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients of money payments and amount of payments, by State, November 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and recipients of only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1968 in--		November 1967 in--	
				Number	Amount	Number	Amount
Total....	696,000	$56,780,000	$81.55	+0.8	+0.1	+8.7	+11.1
Ala.....	16,300	813,000	49.80	+.5	+.5	+4.7	+4.5
Alaska 2/...	530	58,400	109.90	+4.3	+8.4	+34.4	+77.1
Ariz.....	6,100	399,000	65.70	+.8	+.8	+3.2	+1.7
Ark. 2/.....	11,400	697,000	61.20	-.5	-.6	-1.3	-5.4
Calif.....	132,000	15,575,000	118.20	+1.6	+.4	+12.3	+13.6
Colo.....	7,500	513,000	68.00	+.9	+.7	+7.9	+14.4
Conn.....	5,500	594,000	108.10	+.3	+.1	+14.1	+31.5
Del.....	1,100	107,000	93.55	+1.0	+1.7	+14.3	+19.8
D. C.....	4,500	387,000	86.05	+.1	+.4	+9.1	+8.2
Fla. 2/.....	20,600	1,262,000	61.25	+.4	+.4	-.8	-.2
Ga. 2/.....	29,800	1,821,000	61.05	+.5	+.3	+3.7	+4.8
Guam.....	48	2,800	(3/)	(3/)	(3/)	(3/)	(3/)
Hawaii 2/...	1,600	190,000	118.75	-1.1	+.2	+6.6	+18.5
Idaho.....	2,700	205,000	75.80	+.2	+.6	+4.4	+6.6
Ill. 2/.....	34,600	2,966,000	85.65	+.6	+.9	+10.6	+16.4
Ind.....	3,600	182,000	51.10	+1.1	+1.3	+32.2	+37.4
Iowa.....	2,500	322,000	129.40	-.5	-.4	+16.0	+17.2
Kans. 2/....	5,200	350,000	67.70	-.2	-.7	-8.5	-44.6
Ky. 2/.....	16,100	1,129,000	70.30	+.5	+.3	+10.7	+10.1
La.....	22,600	1,207,000	53.35	+1.3	+1.5	+.1	+1.4
Maine 2/....	2,800	227,000	81.10	-.3	+5.2	+9.8	+20.1
Md. 2/.....	14,100	1,129,000	79.85	-.1	+.6	+20.8	+24.5
Mass.....	15,200	1,712,000	112.70	+.8	+5.4	+8.2	+32.3
Mich.....	20,700	1,854,000	89.55	+1.6	+2.2	+17.1	+24.8
Minn.....	8,800	728,000	83.25	+.7	+.1	+10.4	+17.3
Miss.....	21,500	953,000	44.25	-.3	-.4	-2.5	-5.9
Mo.....	17,500	1,292,000	73.85	+.3	+.1	+3.8	+.4
Mont.....	1,700	133,000	77.95	+2.0	+2.9	+18.3	+19.5
Nebr. 2/....	3,400	234,000	68.30	+.5	+.8	+3.0	+3.7
N. H.....	700	72,400	103.90	-.6	-.5	-3.6	+4.0
N. J.....	10,300	956,000	92.55	+1.1	+1.3	+8.8	+12.9
N. Mex. 2/..	6,600	456,000	69.20	+1.7	+2.0	+29.8	+28.4
N. Y. 2/....	46,100	4,655,000	100.95	+2.2	-3.7	+18.0	+20.8
N. C. 2/....	24,000	1,756,000	73.00	+.6	+.7	+3.3	+9.7
N. Dak. 2/..	1,900	166,000	86.45	-.1	+.1	+5.8	+7.1
Ohio.....	25,900	1,864,000	72.10	-.2	-.2	+16.4	+14.1
Okla. 2/....	19,300	1,814,000	94.10	-.9	-1.0	-2.4	-2.9
Oreg.....	5,100	373,000	73.50	-.2	+1.4	-3.0	-11.3
Pa.....	26,300	1,900,000	72.35	+.2	-.5	+1.2	+.9
P. R. 2/....	12,800	135,000	10.55	+.7	+.6	+1.0	+21.9
R. I. 2/....	3,600	257,000	72.10	+1.0	+.6	+8.4	-3.0
S. C.....	9,200	470,000	51.20	(4/)	-.2	-2.1	-3.8
S. Dak.....	1,400	90,100	65.85	+1.4	+2.3	+6.0	+4.1
Tenn.....	19,500	1,275,000	65.45	+.8	+.7	+13.5	+12.8
Tex.....	17,200	1,049,000	60.85	+1.2	+1.0	+42.1	+33.6
Utah.....	4,300	237,000	55.65	+1.6	+2.6	+17.1	+3.2
Vt. 2/.....	1,600	139,000	86.40	+1.7	+2.9	+17.2	+21.1
V. I.....	69	2,900	41.45	(3/)	(3/)	(3/)	(3/)
Va.....	7,200	496,000	69.15	+.5	+2.0	+.6	+5.8
Wash.....	10,300	752,000	72.75	-2.9	-11.3	+4.8	-1.7
W. Va.....	6,400	354,000	55.70	+.1	+.4	+4.9	+8.5
Wis.....	6,000	407,000	67.45	+1.2.	+3.4	+20.0	+30.3
Wyo.....	840	61,700	73.00	+1.6	+2.2	+3.4	+2.5

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.

3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

4/ Increase of less than 0.05 percent.

Table 6. Aid to families with dependent children: Recipients of money payments and amount of payments, by State, November 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		October 1968 in--		November 1967 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,490,000	5,948,000	4,465,000	$247,037,000	$165.75	$41.55	+1.1	-0.1	+14.2	+21.1
Ala.....	23,800	99,700	79,400	1,524,000	64.00	15.30	+1.4	+1.3	+34.6	+33.1
Alaska.....	1,700	6,100	4,700	290,000	168.90	47.35	+4.3	+3.2	+22.3	+64.7
Ariz.....	10,200	43,200	33,000	1,216,000	119.00	28.15	+1.2	+1.0	+1.0	-.3
Ark.....	9,600	39,200	29,600	753,000	78.25	19.25	(4/)	-.3	+2.3	+.5
Calif. 3/.....	228,000	861,000	631,000	41,617,000	182.60	48.30	+.9	+1.7	+14.9	+23.8
Colo. 3/.....	14,600	54,600	41,700	2,180,000	149.35	39.95	-.1	-.6	+1.1	+7.2
Conn. 3/.....	18,500	71,200	53,000	4,608,000	249.25	64.70	+1.4	+2.5	+18.5	+37.0
De.. 3/	4,300	17,500	13,100	568,000	130.85	32.50	-.3	(5/)	+8.3	+9.5
D. C..	6,500	29,000	23,100	1,156,000	178.75	39.95	+1.1	+1.8	+16.0	+20.5
Fla..	43,600	171,000	135,000	3,835,000	88.00	22.45	+1.7	+2.4	+16.1	+70.0
Ga.....	34,700	136,000	105,000	3,343,000	96.35	24.50	+4.4	+4.2	+32.6	+28.1
Guam.....	260	1,300	1,100	49,200	192.15	37.40	+4.2	+3.7	+49.9	+52.4
Hawaii 3/.....	5,100	20,900	15,300	982,000	192.95	47.05	+.9	+.1	+6.0	+14.4
Idaho.....	3,200	12,000	8,600	565,000	177.20	47.30	-.9	-2.5	+3.7	+4.7
Ill. 3/.....	69,300	310,000	241,000	14,402,000	207.85	46.50	+1.0	+1.3	+14.6	+22.5
Ind.....	13,200	54,200	40,900	1,767,000	133.90	32.60	-.4	+.8	+6.1	+6.5
Iowa.....	13,900	53,800	39,100	2,648,000	190.65	49.25	+2.4	+.7	+14.7	+13.9
Kans. 3/.....	10,600	42,900	33,300	2,033,000	192.00	47.40	+.9	+2.1	+12.3	+20.1
Ky.....	29,500	115,000	83,000	3,313,000	112.25	28.90	+.9	+1.2	+8.5	+11.2
La.....	36,900	162,000	125,000	3,805,000	103.20	23.55	+3.5	+3.1	+31.7	+29.0
Maine 3/.....	6,600	24,400	17,900	728,000	110.65	29.85	+3.2	+2.9	+12.3	+12.6
Md. 3/.....	28,900	114,000	87,700	4,536,000	157.15	39.90	+.5	+.7	+8.0	+11.0
Mass. 3/.....	44,900	161,000	120,000	10,944,000	243.70	67.85	+1.4	+6.5	+19.6	+44.4
Mich. 3/.....	49,400	200,000	150,000	9,212,000	186.45	46.00	+.1	+1.0	+12.0	+16.3
Minn.....	17,400	62,800	48,400	3,430,000	197.45	54.65	+.7	-.8	+7.4	+9.6
Miss.....	25,400	102,000	84,400	870,000	34.20	8.50	-.6	-.7	+3.7	+5.2
Mo. 3/.....	29,000	119,000	91,400	3,189,000	110.05	26.80	+.5	+.2	+8.1	+16.6
Mont.....	2,800	10,400	7,900	384,000	137.70	37.05	+.9	+.5	+7.0	+3.4
Nebr. 3/.....	6,400	25,400	19,500	939,000	147.40	36.95	+1.0	+.4	+12.2	+12.6
Nev.....	2,300	8,600	6,600	263,000	116.10	30.60	-.7	+16.2	+13.0	+13.9
N. H.....	1,600	6,500	4,900	289,000	181.30	44.70	+.8	-.4	+11.1	+21.8
N. J.....	42,300	168,000	127,000	10,086,000	238.60	60.15	+1.7	+2.3	+17.7	+23.8
N. Mex.....	10,900	43,600	33,100	1,339,000	122.60	30.70	+1.1	+1.1	+15.2	+15.4
N. Y. 3/.....	242,000	930,000	681,000	57,551,000	237.55	61.90	+.7	-5.0	+20.3	+24.8
N. C.....	26,300	106,000	80,500	2,952,000	112.05	27.75	+1.1	+1.4	+.2	+9.4
N. Dak.....	2,500	9,900	7,500	472,000	186.50	47.70	+.3	-1.5	+5.7	+7.4
Ohio 3/.....	58,600	238,000	178,000	9,042,000	154.20	37.95	+.5	+.3	+11.0	+14.1
Okla. 3/.....	23,000	87,900	66,200	3,012,000	130.80	34.25	-2.1	-2.5	-1.6	-1.8
Oreg. 3/.....	11,600	42,400	30,300	1,665,000	143.65	39.30	+4.8	+4.7	+6.5	+3.1
Pa. 3/.....	76,700	322,000	236,000	12,345,000	160.95	38.35	+1.1	-1.6	+13.5	+13.6
P. R.....	37,600	186,000	140,000	1,315,000	35.00	7.05	+1.2	+1.2	+5.2	+43.1
R. I. 3/.....	8,400	32,200	23,600	1,454,000	172.80	45.10	+1.3	+1.0	+10.6	+11.5
S. C.....	9,000	35,100	28,100	645,000	72.00	18.40	+2.8	+2.7	+28.2	+26.8
S. Dak.....	3,800	13,900	10,400	612,000	162.85	44.05	+.7	+.8	+.8	+7.3
Tenn.....	26,900	106,000	81,500	2,766,000	102.70	26.15	+1.6	+1.7	+11.5	+8.8
Tex.....	34,100	156,000	120,000	2,947,000	86.40	18.85	+2.7	+2.8	+33.6	+16.8
Utah 3/.....	7,100	27,500	19,800	1,071,000	115.20	38.95	+.8	+2.7	+1.3	+8.8
Vt. 3/.....	2,800	10,500	7,500	507,000	180.75	48.35	+3.0	+4.1	+31.8	+46.6
V. I.....	400	1,600	1,400	46,100	113.95	28.70	+1.1	+1.6	+4.1	+7.3
Va.....	15,400	63,400	49,000	2,011,000	130.80	31.70	+.6	+.8	+11.4	+18.1
Wash. 3/.....	19,000	69,000	49,400	3,325,000	174.70	48.15	+4.0	+4.3	+9.7	+15.3
W. Va. 3/.....	19,300	85,400	60,100	2,225,000	115.25	26.05	+.5	+1.5	-11.4	-9.0
Wis. 3/.....	19,200	73,900	55,800	4,044,000	211.00	54.75	+1.4	-.6	+25.7	+38.8
Wyo.....	1,200	4,300	3,300	166,000	141.30	38.45	-.6	-1.5	-2.5	-.2

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Decrease of less than 0.05 percent.
5/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients of money payments and amount of payments, by State, November 1968[1]

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per--		October 1968 in--		November 1967 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	56,200	302,000	205,000	$13,121,000	$233.45	$43.50	+0.9	(3/)	-10.4	+1.5
Calif.....	19,400	106,000	70,800	4,411,000	227.05	41.70	+1.7	+2.5	-.4	+14.3
Colo.....	650	3,800	2,500	160,000	244.90	42.55	+.9	-.7	-32.9	-24.9
Conn.....	210	1,200	840	78,200	265.45	62.75	-5.6	+3.9	-53.1	-30.8
Del.....	77	500	360	15,800	205.50	31.45	-14.0	-10.0	-57.8	-56.3
Hawaii.....	260	1,500	1,000	66,700	257.40	43.45	-2.1	-4.2	-34.8	-28.1
Ill.....	2,900	18,300	12,600	807,000	277.60	44.15	-3.3	-2.8	-4.2	+3.7
Kans.....	240	1,500	1,000	62,000	254.95	41.75	-4.6	-3.9	+7.5	+19.7
Maine.....	4	37	29	970	(4/)	(4/)	---	---	---	---
Md.....	120	660	430	22,900	195.60	34.90	+3.8	+9.7	-66.2	-65.4
Mass.....	640	3,400	2,300	200,000	309.95	59.50	0	0	-2.5	+14.5
Mich.....	1,200	7,300	5,000	302,000	360.40	41.45	-14.6	-13.0	-28.7	-26.9
Mo.....	68	420	280	12,000	176.70	28.90	-9.8	-11.8	(5/)	(5/)
Nebr.....	64	400	280	13,300	207.95	33.60	-7.3	-6.4	+6.5	+9.5
N. Y.....	15,600	74,200	52,500	4,314,000	276.10	58.10	-.8	-2.1	-5.7	+9.5
Ohio.....	2,300	13,800	9,200	515,000	222.60	37.35	-2.4	-2.0	-28.5	-20.1
Okla.....	480	2,900	2,000	94,300	195.25	32.40	-.7	-.5	-27.3	-28.2
Oreg.....	1,100	5,800	3,800	205,000	184.55	35.10	+31.3	+24.8	-10.3	-9.7
Pa.....	2,900	16,600	10,900	493,000	169.50	29.80	+4.4	-2.8	+1.6	+1.9
R. I.....	210	1,200	800	47,800	230.70	39.80	-2.4	-3.7	-33.7	-28.1
Utah.....	1,100	5,100	3,500	152,000	138.80	29.65	+5.3	+6.0	-24.9	-33.0
Vt.....	27	160	100	7,500	(3/)	47.75	+25.4	+15.2	(5/)	(5/)
Wash.....	680	3,600	3,400	139,000	203.05	38.10	+79.9	+54.9	-41.5	-38.5
W. Va.....	5,000	28,700	19,100	753,000	149.20	26.25	+.6	+1.0	-27.2	-26.0
Wis.....	860	4,900	3,300	248,000	287.50	50.55	-2.3	-5.4	+41.7	+57.4

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

3/ Increase of less than 0.05 percent.

4/ Average payment not computed on base of fewer than 50 families.

5/ First payments under this program made by Missouri in August 1968; by Vermont in July 1968.

Table 8. General assistance: Recipients of money payments and amount of payments, by State, November 1968[1]

/Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1968 in--		November 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	383,000	801,000	$35,720,000	$93.30	$44.55	+0.2	-1.5	+5.7	+20.9
Ala.	110	110	1,400	12.80	12.80	0	-1.2	(3/)	(3/)
Alaska	180	600	11,100	60.65	18.35	+73.6	+89.2	-5.6	-32.0
Ariz.	2,100	5,500	116,000	55.55	21.25	-.9	+5.9	+17.6	+50.2
Ark.	250	870	3,300	13.40	3.85	-7.3	-7.4	-18.3	-15.3
Calif.	36,100	60,800	2,414,000	66.90	39.70	+19.4	-.1	+18.8	+8.8
Colo.	850	2,600	35,500	41.70	13.45	-15.0	-10.5	-29.2	-19.6
Conn. 4/	6,700	20,300	737,000	110.00	36.30	+16.9	+32.6	+48.1	+78.6
Del.	2,000	4,400	119,000	59.95	26.85	+2.1	+1.1	+26.4	+30.3
D. C.	1,000	1,100	90,900	88.80	80.85	+1.5	+2.1	+2.9	-3.4
Fla. 4/	7,900	20,000	242,000	---	---	---	---	---	---
Ga.	2,800	5,600	81,200	29.10	14.60	+.8	-13.0	+2.2	+.8
Guam	59	80	3,600	60.15	44.40	(3/)	(3/)	(3/)	(3/)
Hawaii	1,700	3,400	191,000	113.55	55.45	+4.0	+7.2	+45.3	+47.3
Ill.	25,600	54,200	2,481,000	97.05	45.80	-2.0	-9.1	+4.1	+13.0
Iowa 4/	2,900	7,200	121,000	---	---	---	---	---	---
Kans.	2,900	5,800	254,000	88.15	43.80	+2.1	-1.2	-3.2	+10.4
La.	6,900	7,500	348,000	50.65	46.50	+2.1	+2.5	+10.4	+10.4
Maine	2,100	7,300	96,900	46.50	13.20	+5.3	+.3	+16.1	-3.2
Md.	5,900	7,100	501,000	84.50	70.85	-2.2	-3.8	-11.5	-13.3
Mass.	12,100	24,000	1,284,000	106.25	53.50	+7.9	+7.8	+20.9	+56.2
Mich.	24,200	73,800	2,759,000	113.85	37.40	-11.6	-19.7	+13.0	+31.5
Minn.	6,500	18,300	630,000	96.35	34.55	-.4	-4.8	+3.4	+20.0
Miss.	1,300	1,700	23,700	17.80	14.30	+.2	-2.4	+7.4	+1.8
Mo.	10,000	12,200	645,000	64.30	52.75	-1.3	+.1	+1.3	+1.0
Mont.	790	2,400	44,500	56.45	18.50	0	-3.2	-68.3	-75.1
N. H.	750	2,300	49,100	65.65	21.10	+9.0	-1.2	+6.3	+3.7
N. J. 5/	13,000	37,600	1,686,000	130.10	44.80	-5.6	-2.6	+.7	+8.3
N. Mex.	210	410	9,500	44.30	23.05	-20.0	+4.3	-57.0	-63.5
N. Y.	107,000	216,000	13,388,000	124.90	62.00	-.4	-.1	+27.1	+34.8
N. C.	1,600	3,900	44,400	28.40	11.40	-5.4	-26.8	-6.7	-3.3
N. Dak.	190	660	10,100	53.25	15.35	+2.7	+13.8	-14.3	-14.1
Ohio	23,900	63,200	2,311,000	96.70	36.55	-.3	+14.3	-32.5	-3.0
Okla.	980	2,300	17,700	18.10	7.75	-13.1	-9.7	---	-72.6
Oreg.	2,000	4,200	123,000	60.80	29.05	-10.5	+5.5	---	-27.1
Pa.	34,700	45,400	2,650,000	76.35	58.35	+.3	-3.0	+18.3	+16.7
R. I. 6/	4,600	14,000	446,000	97.50	32.00	---	---	---	---
S. C.	860	1,000	33,400	38.70	33.20	-2.2	-1.7	+11.0	+15.2
S. Dak.	270	850	9,800	35.75	11.55	+49.5	+42.2	+4.8	+4.8
Tenn.	1,400	4,000	46,400	33.35	11.65	-3.2	-2.6	+13.2	+12.8
Tex. 4/	7,700	(7/)	276,000	---	---	---	---	---	---
Utah	1,300	1,500	105,000	79.65	69.60	+1.0	+4.0	+7.4	15.1
Vt. 4/	400	(7/)	12,000	---	---	---	---	---	---
V. I.	140	160	6,200	42.40	38.45	-.6	-4.0	-9.6	-10.0
Va.	4,000	7,500	229,000	56.75	30.60	+4.2	-.7	-5.3	+17.5
Wash.	8,800	17,100	806,000	92.10	47.10	+18.0	+7.7	+11.8	+23.7
W. Va.	2,000	3,400	96,600	47.45	28.45	+11.8	+7.0	+43.7	+32.1
Wis.	4,800	12,400	416,000	87.50	33.55	-8.8	+.4	+.4	+16.2
Wyo.	200	650	14,100	70.75	21.65	+5.3	-7.2	-26.9	-32.4

1/ All data subject to revision. Data include nonmedical vendor payments other than those for institutional services in intermediate care facilities.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, Nevada, and Puerto Rico; data not available.
3/ Percentage change not computed on base of fewer than 100 recipients.
4/ Estimated.
5/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
6/ Data for September; October and November data not reported.
7/ Data not available.

Table 9. Institutional services in intermediate care facilities under old-age assistance, aid to the blind, and aid to the permanently and totally disabled: Recipients of such services and amount of payments, by State, November 1968[1]

State	Total, all programs 2/			Old-age assistance		
	Number of recipients	Payments for recipients		Number of recipients	Payments for recipients	
		Total amount	Average		Total amount	Average
Total.....	11,100	$1,805,000	$163.15	7,500	$1,239,000	$164.65
Kansas.....	3,800	607,000	160.40	2,400	378,000	155.80
Louisiana.....	270	33,300	122.30	220	27,500	122.20
Maine.....	2,100	502,000	239.60	1,900	455,000	237.10
Rhode Island.....	1,000	144,000	140.50	700	95,600	137.05
Utah.....	1,700	251,000	151.20	900	132,000	146.75
Washington.....	2,200	268,000	120.25	1,400	152,000	111.55

1/ All data subject to revision. Data represent payments to vendors of institutional services in intermediate care facilities. Federal financial participation in such payments is limited to those in behalf of individuals who qualify for OAA, AB, or APTD under programs operated under State plans approved under titles I, X, XIV, or XVI.

2/ Includes a few payments of this type made without Federal participation for recipients of AFDC or GA.

Table 10. Amount of vendor payments for medical care for recipients of public assistance, by program and State, November 1968[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		October 1968	November 1967							
Total	$374,750,000	+1.2	+33.3	$349,190,000	$5,722,000	$8,634,000	$209,000	$3,321,000	$2,408,000	$5,266,000
Ala.	1,594,000	-1.9	+22.0	---	720	1,445,000	6,500	142,000	---	---
Alaska 3/	126,000	-30.0	-8.7	---	---	50,300	1,100	37,800	---	36,700
Ariz.	194,000	0	+26.0	---	1,200	193,000	---	---	---	---
Ark. 3/	1,796,000	-.3	+3.7	---	392,000	931,000	19,200	362,000	91,500	---
Calif.	61,578,000	-7.0	+61.6	61,578,000	---	---	---	---	---	---
Colo.	2,449,000	+.8	+19.1	---	4/ 1,446,000	413,000	6,500	257,000	279,000	47,800
Conn.	5,634,000	-3.0	+85.0	5,513,000	---	---	---	---	---	121,000
Del.	296,000	+18.4	+10.0	296,000	---	---	---	---	---	---
D. C.	10,200	+2.0	-95.3	9,700	---	---	---	---	---	520
Fla. 3/	2,249,000	-.9	+14.8	---	---	1,740,000	20,300	299,000	190,000	---
Ga.	4,196,000	+4.5	+110.2	4,196,000	---	---	---	---	---	---
Guam	25,000	+133.6	+252.1	23,000	---	---	---	---	---	2,000
Hawaii	876,000	-6.5	+2.7	844,000	---	---	---	---	---	31,800
Idaho	633,000	-7.7	+22.2	633,000	---	---	---	---	---	---
Ill.	17,591,000	-22.2	+28.9	16,121,000	---	---	---	---	---	1,470,000
Ind.	3,033,000	+2.3	+32.8	---	483,000	1,363,000	97,800	583,000	506,000	---
Iowa	3,040,000	-14.1	+214.0	2,954,000	---	---	---	---	---	85,600
Kans.	3,052,000	-.3	+75.3	3,052,000	---	---	---	---	---	---
Ky.	3,720,000	-7.7	+64.7	3,720,000	---	---	---	---	---	---
La.	4,187,000	-.9	+24.0	4,096,000	---	---	---	---	---	91,000
Maine	578,000	-27.0	-37.8	503,000	---	---	---	---	---	75,400
Md.	5,210,000	+3.6	+9.9	5,210,000	---	---	---	---	---	---
Mass.	22,198,000	+12.7	+42.5	21,950,000	---	---	---	---	---	248,000
Mich.	15,293,000	+.5	+24.7	15,150,000	---	---	---	---	---	143,000
Minn.	8,492,000	-1.7	+21.3	8,213,000	---	---	---	---	---	279,000
Miss.	400,000	-2.0	+34.7	---	---	336,000	2,900	60,600	---	---
Mo.	3,942,000	-4.4	+550.5	3,942,000	---	---	---	---	---	---
Mont.	994,000	+14.8	+15.4	726,000	---	---	---	---	---	268,000
Nebr.	1,952,000	-19.7	+34.7	1,952,000	---	---	---	---	---	---
Nev.	614,000	+34.6	+11.8	614,000	---	---	---	---	---	---
N. H. 5/	519,000	---	---	519,000	---	---	---	---	---	---
N. J.	4,689,000	+3.7	+10.1	---	4/ 3,091,000	205,000	16,800	415,000	658,000	303,000
N. Mex.	1,316,000	-25.1	-.1	1,292,000	---	---	---	---	---	24,400
N. Y.	115,230,000	+16.4	+23.7	115,230,000	---	---	---	---	---	---
N. C. 3/	1,732,000	-1.1	+18.5	---	109,000	226,000	18,300	815,000	475,000	88,900
N. Dak.	831,000	+6.1	-1.8	824,000	---	---	---	---	---	7,200
Ohio	9,374,000	-.7	+33.0	7,987,000	---	---	---	---	---	1,387,000
Okla.	7,111,000	+11.9	+37.4	7,111,000	---	---	---	---	---	---
Oreg.	1,766,000	-4.1	+15.3	1,686,000	---	---	---	---	---	79,700
Pa.	15,958,000	-11.2	+29.4	15,958,000	---	---	---	---	---	---
P. R.	3,122,000	-22.7	+1.7	3,122,000	---	---	---	---	---	---
R. I.	2,242,000	-8.2	-4.1	2,242,000	---	---	---	---	---	---
S. C. 5/	1,314,000	---	---	1,284,000	---	---	---	---	---	29,900
S. Dak.	831,000	+3.9	+43.0	754,000	---	---	---	---	---	77,200
Tenn.	1,541,000	-1.0	+14.3	---	121,000	1,185,000	1,800	146,000	87,500	---
Tex.	11,227,000	-12.1	+31.6	11,227,000	---	---	---	---	---	---
Utah	725,000	+14.0	-26.2	723,000	---	---	---	---	---	2,200
Vt.	810,000	-10.4	+67.4	810,000	---	---	---	---	---	---
V. I. 5/	71,900	---	---	71,900	---	---	---	---	---	---
Va.	1,022,000	-.7	+23.0	---	78,400	547,000	17,800	204,000	121,000	53,600
Wash.	4,761,000	-3.0	+14.9	4,761,000	---	---	---	---	---	---
W. Va.	759,000	-22.3	-31.5	711,000	---	---	---	---	---	47,700
Wis.	11,664,000	+15.6	+39.4	11,450,000	---	---	---	---	---	214,000
Wyo.	182,000	-2.2	-27.8	131,000	---	---	---	---	---	51,000

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting.
3/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Excludes small amount of money payments not subject to Federal participation.
5/ Data for November not reported; data represent amount reported for a previous month.

Table 11. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, November 1968[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total	$369,484,000	$352,503,000	$16,980,000
Title XIX States	349,190,000	335,939,000	13,250,000
Other States	20,294,000	16,564,000	3,730,000
	Title XIX States		
Calif.	61,578,000	60,385,000	1,193,000
Conn.	5,513,000	5,482,000	31,000
Del.	296,000	287,000	8,500
D. C.	9,700	9,700	---
Ga.	4,196,000	3,820,000	376,000
Guam	23,000	23,000	---
Hawaii	844,000	844,000	---
Idaho	633,000	611,000	21,800
Ill.	16,121,000	15,954,000	167,000
Iowa	2,954,000	2,861,000	92,700
Kans.	3,052,000	2,959,000	92,600
Ky.	3,721,000	3,467,000	254,000
La.	4,096,000	4,096,000	---
Maine	503,000	451,000	51,600
Md.	5,210,000	5,210,000	---
Mass.	21,950,000	21,839,000	111,000
Mich.	15,150,000	14,998,000	152,000
Minn.	8,213,000	8,114,000	99,100
Mo.	3,942,000	3,560,000	382,000
Mont.	726,000	711,000	15,200
Nebr.	1,952,000	1,897,000	54,800
Nev.	614,000	614,000	---
N. H. 3/	519,000	501,000	17,700
N. Mex.	1,292,000	1,292,000	---
N. Y.	115,230,000	114,930,000	300,000
N. Dak.	824,000	776,000	2/ 48,000
Ohio	7,987,000	7,718,000	269,000
Okla.	7,111,000	1,330,000	2/ 5,781,000
Oreg.	1,686,000	1,686,000	---
Pa.	15,958,000	15,958,000	---
P. R.	3,122,000	3,122,000	---
R. I.	2,242,000	2,224,000	18,200
S. C. 3/	1,284,000	1,193,000	90,500
S. Dak.	754,000	736,000	18,300
Tex.	11,227,000	7,887,000	2/ 3,340,000
Utah	723,000	702,000	21,100
Vt.	810,000	793,000	16,600
V. I. 3/	71,900	71,900	---
Wash.	4,761,000	4,609,000	2/ 152,000
W. Va.	711,000	664,000	47,300
Wis.	11,450,000	11,422,000	28,300
Wyo.	131,000	131,000	---
	Other States		
Ala.	1,594,000	1,594,000	---
Alaska	89,200	89,200	---
Ariz.	194,000	151,000	43,500
Ark.	1,795,000	1,547,000	248,000
Colo.	2,403,000	1,986,000	2/ 417,000
Fla.	2,249,000	1,984,000	265,000
Ind.	3,032,000	2,764,000	2/ 268,000
Miss.	399,000	399,000	---
N. J.	4,386,000	4,327,000	59,000
N. C.	1,644,000	735,000	2/ 909,000
Tenn.	1,541,000	123,000	2/ 1,418,000
Va.	968,000	865,000	2/ 103,000

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$909,000; Oklahoma-$5,551,000; Tennessee-$1,183,000; and premium payments to health-insuring agencies by Colorado-$274,000; Indiana-$190,000; North Dakota-$30,900; Texas-$2,417,000; Virginia-$59,100; and Washington-$4,400.
3/ Data for November not reported; data represent amount reported for a previous month.

Table 12. General assistance: Recipients of money payments and amount of payments for selected cities, November 1968

[Excludes vendor payments for institutional services in intermediate care facilities and for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1968 in--		November 1967 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 16 cities 1/...	182,000	335,000	$19,107,000	$105.10	$57.00	+1.4	-0.9	+21.0	+26.9
Baltimore.....	5,000	5,900	434,000	86.70	72.90	-2.5	-2.3	-12.9	-13.7
Boston 2/.....	4,400	6,000	555,000	127.05	92.25	+16.9	+7.5	-1.9	+49.3
Buffalo.....	4,100	6,000	454,000	109.85	76.00	-.2	+6.8	+7.3	+19.8
Chicago.....	17,300	34,100	1,963,000	113.60	57.65	-3.5	-11.1	+7.5	+18.1
Cincinnati 2/ 3/.....	4,600	14,800	352,000	76.00	23.80	-.4	-1.7	-9.6	-11.5
Cleveland 2/ 3/.....	7,500	19,400	667,000	88.55	34.40	-2.4	-4.3	(4/)	(4/)
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	1,000	1,100	90,900	83.80	80.85	+1.5	+2.1	+2.9	-3.4
Los Angeles 2/.....	18,800	34,900	1,094,000	58.15	31.35	+33.6	+3.6	+22.1	-7.2
Milwaukee 2/.....	3,000	6,800	292,000	96.60	42.70	-16.5	-1.3	+21.4	+34.4
Minneapolis.....	1,700	3,600	160,000	96.40	45.00	-7.9	-7.6	+6.1	+21.6
New Orleans.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
New York.....	84,900	164,000	10,710,000	126.20	65.45	-.9	+.2	+31.1	+37.5
Philadelphia.....	11,800	16,900	974,000	82.35	57.70	+1.7	-2.3	+31.9	+32.4
Pittsburgh.....	8,500	9,900	669,000	78.70	67.55	+1.1	+1.5	+10.8	+7.9
Rochester.....	940	2,400	107,000	113.80	45.05	-3.2	+9.4	+26.6	+54.6
St. Louis.....	1,900	2,200	123,000	63.50	55.60	-1.6	-.6	+5.6	+5.6
San Francisco.....	6,300	7,500	462,000	73.65	61.75	-3.9	+.5	+44.3	+69.3

1/ Data not reported for Detroit and New Orleans. Percentage changes based on comparable data.
2/ Data for county in which city is located.
3/ Includes supplementation of categorical cases; not included in State data.
4/ Data not reported in November 1967.

Table 13. Aid to families with dependent children receiving foster care: Recipients and

2/ Data for county in which city is located.
3/ Includes supplementation of categorical cases; not included in State data.
4/ Data not reported in November 1967.

Table 13. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, November 1968[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total	14,800	2/ 13,600	2/ 860	6,800	$1,389,000	$93.75	2/ $1,184,000	2/ $168,000
Ala	6	6	0	3	350	(3/)	350	0
Alaska	300	300	0	150	37,500	123.45	37,500	0
Ariz	(4/)	(4/)	(4/)	(4/)	(4/)	---	(4/)	(4/)
Calif	3,700	3,500	290	2,000	487,000	130.10	388,000	99,300
Conn	140	60	82	48	15,300	107.55	5,100	10,200
Idaho	220	210	9	64	14,500	66.70	13,600	950
Ill	330	(2/)	(2/)	150	37,100	110.95	(2/)	(2/)
Ind	150	150	0	46	6,200	40.95	6,200	0
Kans	240	230	4	140	33,600	142.30	32,900	640
Ky	110	110	0	39	9,500	87.65	9,500	0
La	830	770	56	380	66,900	80.80	59,500	7,400
Md	2,200	2,100	120	840	200,000	89.15	188,000	11,900
Mich	150	130	21	53	12,600	82.20	9,100	3,500
Minn	230	210	24	110	25,300	110.00	19,700	5,600
Mo	170	170	0	96	9,000	53.55	9,000	0
Nebr	130	70	59	84	9,000	69.75	5,100	3,900
Nev	34	34	0	34	2,300	(3/)	2,300	0
N. Mex	100	100	0	17	6,100	59.05	6,100	0
N. C	50	50	0	19	3,000	59.40	3,000	0
N. Dak	250	220	31	130	24,100	97.50	19,200	4,900
Ohio	680	640	45	280	40,500	59.35	5/ 38,200	5/ 2,200
Okla	770	770	0	360	43,900	56.75	43,900	0
Oreg	480	480	0	5/ 290	32,900	68.75	32,900	0
Tenn	790	730	62	310	56,200	71.00	51,900	4,300
Utah	250	250	0	120	16,600	67.00	16,600	0
Va	840	840	0	290	66,400	78.95	66,400	0
Wash	1,000	1,000	0	530	81,300	78.90	81,300	0
W. Va	240	210	37	82	19,100	78.40	15,000	4,000
Wis	300	270	21	130	32,600	110.40	23,100	9,500

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Excludes Illinois; breakdown not available.
3/ Average payment not computed on base of fewer than 50 children.
4/ Data not reported by Arizona.
5/ Estimated.

Table 14. Old-age, survivors, disability and health insurance, summary benefit data, November 1968[1]

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	298,597	---	24,428,765	---	$2,048,573	$2,148,744
Retired workers and dependents	141,181	---	15,477,280	---	1,371,724	1,401,198
Retired workers	100,074	$104.92	12,324,936	$98.75	1,217,142	1,234,984
Wives and husbands 2/	26,958	49.46	2,634,091	51.16	134,768	143,993
Children 3/	14,149	41.29	518,253	38.23	19,814	22,221
Disabled workers and dependents	62,345	---	2,329,238	---	181,418	202,708
Disabled workers	28,477	115.69	1,291,339	111.84	144,422	159,846
Wives and husbands 2/	7,664	38.60	252,946	38.27	9,680	11,368
Children 3/	26,204	34.91	784,953	34.80	27,316	31,494
Survivors of deceased workers	89,853	---	5,940,600	---	468,708	517,457
Widowed mothers	9,410	75.89	504,475	74.90	37,785	41,546
Children 3/	50,588	68.56	2,480,545	70.82	175,673	195,844
Widows and widowers 4/	29,698	88.66	2,923,815	86.34	252,449	276,940
Parents	157	98.88	31,765	88.16	2,800	3,127
Persons with special age-72 benefits 5/	5,218	---	681,647	---	26,722	27,381
Primary	5,056	---	661,786	39.78	26,326	26,975
Wives	162	---	19,861	19.96	396	406
Lump-sum death payments 6/	97,760	232.71	---	---	---	21,929

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Includes wives under age 65 with entitled children in their care; a total of 381,000 such wives of retired and disabled workers were in current-payment status.

3/ Includes disabled persons aged 18 and over whose disability began before age 18.

4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments and disabled widows and widowers aged 50-61 entitled under the 1967 amendments.

5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 94,232 deceased workers; the average amount represents average per deceased worker.

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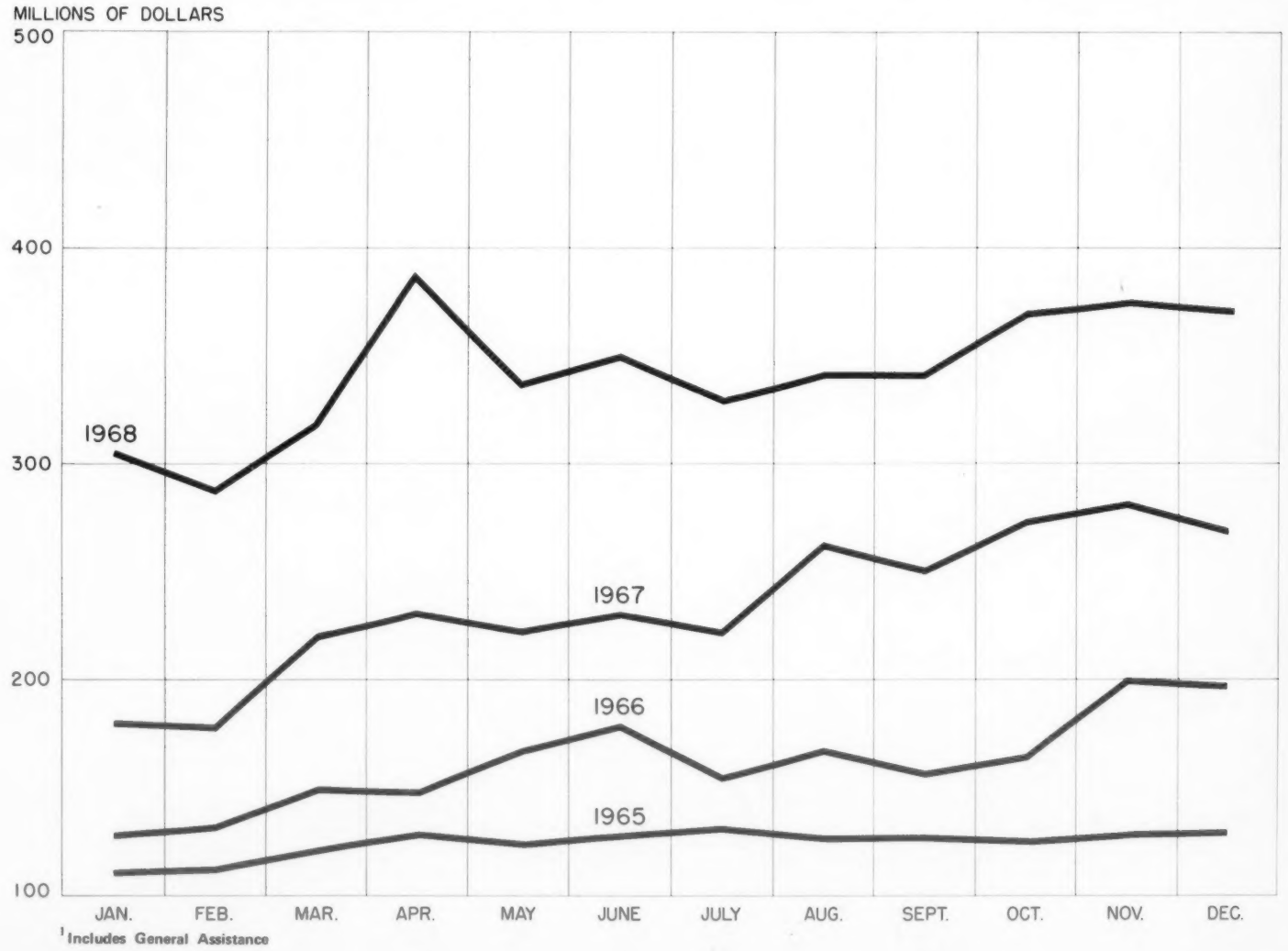
regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 94,232 deceased workers; the average amount represents average per deceased worker.

TOTAL PUBLIC ASSISTANCE VENDOR PAYMENTS FOR MEDICAL CARE,[1] 1965-1968



[1] Includes General Assistance

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